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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An A	Authorized Co	ommittee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example over the	e: If typing, type e lines.	12FE4M5	
American Hospital Asso	ociation PAC				
ADDRESS (number and street)	325 Seventh Street, NW	<i>!</i>			
Check if different	Suite 700				
than previously reported. (ACC)	Washington			DC	20004
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00106146	3	. IS THIS REPORT	× NEW (N) O	R AM	IENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (I		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
_	×	Apr 20 (M4)	Jul 20 (M	7) Oct	Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (Q	(c) 12-Day	Prin	mary (12P)	General	(12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Election	H	nvention (12C)	Special (	
October 15 Quarterly Report (Q3	3)				
January 31 Year-End Report (YE	E)Ele	ection on	W   M / D   D	/	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the		neral (30G)	Runoff (3	SOR) Special (30S)
Termination Report (TER)	Ele	ection on	/	/	in the State of
5. Covering Period 03	01 20	14 t	hrough 03	M / D D /	2014
I certify that I have examined this	s Report and to the bes	t of my knowled	lge and belief it is	s true, correct and	d complete.
Type or Print Name of Treasurer	Ms. Melinda Hatton				
Signature of Treasurer Ms. M	elinda Hatton	[Ele	ectronically Filed]	Date 04	/ 17 / 2014
NOTE: Submission of false, errone	ous, or incomplete inform	ation may subjec	t the person signi	ng this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC 03 01 2014 03 2014 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3126501.95 January 1, 2014 (b) Cash on Hand at 3171035.39 Beginning of Reporting Period..... 509798.48 345812.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3516847.99 3636300.43 6(a) and 6(c) for Column B)..... 269601.33 389053.77 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3247246.66 3247246.66 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American	Hospital	Association	PAC
----------	----------	-------------	-----

Report Covering the Period: From: 03	01 2014	To: 03 31 2014				
I. Receipts	I. Receipts COLUMN A					
<u> </u>	Total This Period	Calendar Year-to-Date				
. Contributions (other than loans) From:						
(a) Individuals/Persons Other Than Political Committees						
(i) Itemized (use Schedule A)	89019.38	130741.88				
(i) iterrized (use Scriedule A)	7 7					
(ii) Unitemized	15463.08	32210.16				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)▶	104482.46	162952.04				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees						
(such as PACs)	0.00	5000.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry		107050.04				
Totals to Line 33, page 5)	104482.46	167952.04				
. Transfers From Affiliated/Other						
Party Committees	241050.00	341050.00				
	0.00	0.00				
. All Loans Received	0.00	0.00				
r						
Loan Repayments Received	0.00	0.00				
. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)	0.00	0.00				
Refunds of Contributions Made						
to Federal Candidates and Other	0.00	0.00				
Political Committees	0.00	0.00				
(Dividends, Interest, etc.)	290.14	796.44				
Transfers from Non-Federal and Levin Funds	280.14	7 90.44				
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(1.01.1.00.1.00.1.00)		3.00				
(b) Lovin Fundo (from Cobodulo HF)	0.00	0.00				
(b) Levin Funds (from Schedule H5)		5.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
(0) 10.00 (10.00	7	7				
. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c))	345812.60	509798.48				
. Total Federal Receipts						
(subtract Line 18(c) from Line 19)▶	345812.60	509798.48				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
21. Operating Expenditures:  (a) Allocated Federal/Non-Federal			- Calondal Four to Suto			
	y (from Schedule H4) ederal Share	0.00	0.00			
(1)	Sucrai Graic					
(ii) N	on-Federal Share	0.00	0.00			
	Federal Operating					
	ditures	1153.90	1606.34			
	Operating Expenditures (1(a)(i), (a)(ii), and (b))	1153.90	1606.34			
•	o Affiliated/Other Party	7				
Committees	5	0.00	0.00			
	ns to Indidates/Committees Political Committees	131000.00	250000.00			
Independer	nt Expenditures					
(use Sched	dule E)	137447.43	137447.43			
(2 U.S.C. §	d Party Expenditures 3441a(d)) Jule F)	0.00	0.00			
(use Sched	dule F)	7	0.00			
Loan Repa	yments Made	0.00	0.00			
			200			
	eContributions To:	0.00	0.00			
(a) Individ	uals/Persons Other Political Committees	0.00	0.00			
man	Ontical Committees					
(b) Politica	al Party Committees	0.00	0.00			
(c) Other	Political Committees					
(such	as PACs)	0.00	0.00			
(d) Total (	Contribution Refunds					
` '	ines 28(a), (b), and (c))▶	0.00	0.00			
`						
Other Disb	ursements	0.00	0.00			
Federal Fle	ection Activity (2 U.S.C. §431(20))					
	ted Federal Election Activity					
` '	Schedule H6)					
(i) Fed	leral Share	0.00	0.00			
		0.00	0.00			
. ,	vin" Share  Al Election Activity Paid Entirely	0.00	7			
. ,	ith Federal Funds	0.00	0.00			
	Federal Election Activity (add	7				
Lines	30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Dishu	rsements (add Lines 21(c), 22,					
	26, 27, 28(d), 29 and 30(c))	269601.33	389053.77			
. , -,	· · · · · · · · · · · · · · · · · · ·		255560.17			
	ral Disbursements					
	ne 21(a)(ii) and Line 30(a)(ii)	20222122	22222			
from Line 3	31)	269601.33	389053.77			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	104482.46	167952.04
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104482.46	167952.04
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1153.90	1606.34
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1153.90	1606.34

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Terry Murphy Date of Receipt Mailing Address 640 South State Street 03 04 2014 City Zip Code State Transaction ID: 21598016 DE Dover 19901-3597 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer **Bayhealth Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jonathan B Perlin MD, PhD Date of Receipt Mailing Address One Park Plaza 03 04 2014 City State Zip Code Transaction ID: 21624174 TN Nashville 37203-6527 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **HCA** President, Clinical Services and Chief Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Paul E LaCasse DO Date of Receipt Mailing Address 6520 Commerce Road 2014 03 04 City Zip Code State Transaction ID: 21624789 MI West Bloomfield 48324-2714 Amount of Each Receipt this Period FEC ID number of contributing 525.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer **Botsford Hospital** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 2025.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: **PAGE** 7 OF 102 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. William Dinsmoor Date of Receipt Mailing Address 7644 Hidden Valley Dr 03 04 2014 City Zip Code State Transaction ID: 21624793 ΝE Papillion 68046-4650 Amount of Each Receipt this Period FEC ID number of contributing 625.00 federal political committee. Name of Employer Occupation Chief Executive Officer Nebraska Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas L Bell Date of Receipt Mailing Address 215 Southeast 8th Avenue 03 06 2014 City State Zip Code Transaction ID: 21624803 KS Topeka 66603-3906 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kansas Hospital Association President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Dennis L George Date of Receipt Mailing Address 3959 Hwy 59 2014 03 06 City Zip Code State Transaction ID: 21624805 KS Ottawa 66067-8345 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Associated Purchasing Services Corpora Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Patti Davis Date of Receipt Mailing Address P O Box 26307 03 2014 0.3 City Zip Code State Transaction ID: 21624813 OK Oklahoma City 73126-0307 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **OU Medical Center** Sr VP Strategy & Business Development Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jerry G Moeller FACHE Date of Receipt Mailing Address P O Box 2408 03 03 2014 City State Zip Code Transaction ID: 21624817 OK Stillwater 74076-2408 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Stillwater Medical Center President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Maureen Swick RN, PhD, N Date of Receipt Mailing Address 8110 Gatehouse Road 03 06 2014 Suite 200E City Zip Code State Transaction ID: 21624860 Falls Church VA 22042-1210 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Inova Fairfax Hospital Senior Vice President, Chief Operating Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

FOR LINE NUMBER:			PAGE		9	OF	102		
(check only one)									
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	13		14		15		16	;	17

or for commercial purposes, other than using the name and address of any political committee	tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC	
Full Name (Last, First, Middle Initial)  Mr. James W Pope MHA, FACHE  Mailing Address 6832 Convent Boulevard	Date of Receipt
Maining Addition 0002 Convent Douievalu	03 10 2014
City State Zip Code	Transaction ID : 21625641
Sylvania         OH         43560-4805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation	
Sylvania Franciscan Health President and Chief Executive Officer	
Receipt For:  Primary  General  Other (specify)   500.00	
Other (specify) ▼ 500.00	
Full Name (Last, First, Middle Initial)  Ms. Christina Gerardi	Date of Receipt
Mailing Address 325 Seventh Street, NW  Suite 700  City State Zip Code	03 07 2014
Washington DC 20004-2801	Transaction ID : 21626036  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer  American Hospital Association-Washingt  Deputy Director, RWJF Grant	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Ms. Katherine Keene	Data of Descipt
Mailing Address 3861 St. Andrew's Loop	Date of Receipt  03 07 2014
City State Zip Code Salem OR 97302-9498	Transaction ID : 21626038  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	350.00
Name of Employer Occupation	
Salem Health Government Relations Committee Chair S	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  350.00	
SUBTOTAL of Receipts This Page (optional)	1350.00
TOTAL This Period (last page this line number only)	

FOR LINE NUMBER: PAGE 10 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Date of Receipt Mailing Address 125 Airport Road 03 2014 10 City Zip Code State Transaction ID: 21626040 03301-7300 NH Concord Amount of Each Receipt this Period FEC ID number of contributing 45.50 federal political committee. Name of Employer Occupation President and CEO New Hampshire Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 227.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jerry E Jurena Date of Receipt Mailing Address 1622 East Interstate Avenue, Suite 03 07 2014 City State Zip Code Transaction ID: 21626042 ND **Bismarck** 58503-0512 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation North Dakota Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Keith E Heuser Date of Receipt Mailing Address 570 Chautauqua Boulevard 2014 03 07 City Zip Code State Transaction ID: 21626044 ND Valley City 58072-3145 Amount of Each Receipt this Period FEC ID number of contributing 330.00 С federal political committee. Name of Employer Occupation President Mercy Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 725.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

						PAGE	1	1	OF	1	02
Use separate schedule(s) for each category of the	(check only one)										
Detailed Summary Page	×	11a		11b		11c		12			
, ,		13		14		15		16			17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  A. Ms. Catherine Barr		Date of Receipt
Mailing Address 559 Capitol Boulevard		03 10 2014
City Saint Paul	State Zip Code MN 55103-2101	Transaction ID : 21626156  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Bethesda Hospital  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Senior Vice President and President, B  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Dr. Steven Mulder MD  Mailing Address 1095 Highway 15 South		Date of Receipt  03 10 2014
City Hutchinson	State         Zip Code           MN         55350-3182	Transaction ID : 21626165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Hutchinson Health	Occupation President and Chief Executive Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Keith Okeson	1	Date of Receipt
Mailing Address 715 Delmore Avenue		03 10 2014
City Roseau	State Zip Code MN 56751-1534	Transaction ID : 21626166  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
LifeCare Medical Center  Receipt For:  □ Primary □ General  □ Other (specify) ▼	President and Chief Executive Officer  Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line numbe		

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,	
Minneapolis  FEC ID number of contributing federal political committee.  Name of Employer  Allina Health  Receipt For:  Primary  Other (specify)   Occ  Age	tate Zip Code  MN 55440-0043  cupation sident and Chief Executive Officer gregate Year-to-Date   500.00	Date of Receipt  03 10 2014  Transaction ID: 21626170  Amount of Each Receipt this Period  500.00
Staples  FEC ID number of contributing federal political committee.  Name of Employer Lakewood Health System  President For:	tate Zip Code  IN 56479-5280  cupation sident and Chief Executive Officer gregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Helena  FEC ID number of contributing federal political committee.  Name of Employer  Cuyuna Regional Medical Center  Chi	tate Zip Code MT 59601-4928  cupation ef Executive Officer gregate Year-to-Date ▼  250.00	Date of Receipt  03 10 2014  Transaction ID: 21626172  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only).		

FOR LINE NUMBER: PAGE 13 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Rulon F Stacey PhD, FACHE Date of Receipt Mailing Address 2450 Riverside Avenue 03 2014 10 City Zip Code State Transaction ID: 21626173 MN Minneapolis 55454-1450 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Fairview Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Margaret W. Dahl Date of Receipt Mailing Address 1170 Latham Drive 03 2014 11 City State Zip Code Transaction ID: 21626185 Watkinsville GA 30677-6023 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Athens Regional Medical Center Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Joseph White Date of Receipt Mailing Address 10 Lakeside Terrace 2014 03 07 City Zip Code State Transaction ID: 21626380 MA Westford 01886-1392 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President Lowell General Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. William Wyman Date of Receipt Mailing Address 100 Potash Hill Rd 03 07 2014 City Zip Code State Transaction ID: 21626381 Tyngsboro MA 01879-2710 Amount of Each Receipt this Period FEC ID number of contributing C 262.50 federal political committee. Name of Employer Occupation Lowell General Hospital Director of Revenue Cycle Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Normand E Deschene FACHE Date of Receipt Mailing Address 295 Varnum Avenue 03 07 2014 City State Zip Code Transaction ID: 21626382 MA Lowell 01854-2134 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 federal political committee. Name of Employer Occupation Lowell General Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Trish Hannon FACHE Date of Receipt Mailing Address 125 Parker Hill Avenue 2014 03 07 City Zip Code State Transaction ID: 21626384 MA Roxbury Crossing 02120-2847 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer New England Baptist Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Maulik Joshi Date of Receipt Mailing Address 155 North Wacker Drive 03 2014 City State Zip Code Transaction ID: 21626390 Chicago IL 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Senior Vice President Research & Presi American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael V Sack FACHE Date of Receipt Mailing Address 585 Lebanon Street 03 07 2014 City State Zip Code Transaction ID: 21626392 MA Melrose 02176-3225 Amount of Each Receipt this Period FEC ID number of contributing 1125.00 federal political committee. Name of Employer Occupation Hallmark Health System President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Louis J Woolf Date of Receipt Mailing Address 1200 Centre Street 2014 03 07 City Zip Code State Transaction ID: 21626393 MA **Boston** 02131-1011 Amount of Each Receipt this Period FEC ID number of contributing 562.50 С federal political committee. Name of Employer Occupation President Hebrew Rehabilitation Center Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 2687.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Judith Melin Date of Receipt Mailing Address 41 Mall Road 03 07 2014 City Zip Code State Transaction ID: 21626394 01805-0001 Burlington MA Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Chief Medical Services Officer Lahey Hospital & Medical Center, Burli Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David G Spackman Date of Receipt Mailing Address 110 Wheeler Pond Rd 03 07 2014 City State Zip Code Transaction ID: 21626395 MA Orange 01364-9401 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Lahey Health General Counsel and Senior Vice Presid Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John M Fogarty Date of Receipt Mailing Address 41 Alfred Drowne Rd 2014 03 07 City State Zip Code Transaction ID: 21626398 RΙ Barrington 02806-1805 Amount of Each Receipt this Period FEC ID number of contributing 562.50 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Beth Israel Deaconess Hospital-Needham Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael E. Sroczynski Esq. Date of Receipt Mailing Address 681 East 5th Street 03 07 2014 #2 City Zip Code State Transaction ID: 21626399 **Boston** MA 02127-3201 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association Vice President, Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Etta S. Fielek Date of Receipt Mailing Address 110 4th St., SE 03 12 2014 City State Zip Code Transaction ID: 21626409 DC Washington 20003-1012 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Vice President, Political Outreach Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Michael P. Guerin Date of Receipt Mailing Address 155 North Wacker Drive 03 13 2014 City Zip Code State Transaction ID: 21626940 IL Chicago 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation American Hospital Association-Chicago Sr. Vice President and Secretary Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Christopher M Dadlez Date of Receipt Mailing Address 114 Woodland Street 03 2014 City Zip Code State Transaction ID: 21628360 CT Hartford 06105-1208 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Mount Sinai Rehabilitation Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Edward H Moore Date of Receipt Mailing Address 100 South Street 03 14 2014 City State Zip Code Transaction ID: 21628462 Southbridge MA 01550-4051 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation Harrington Memorial Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. John Szum Date of Receipt Mailing Address 3 Windsor Road 2014 03 14 City Zip Code State Transaction ID: 21628463 MA East Walpole 02032-1359 Amount of Each Receipt this Period FEC ID number of contributing 562.50 С federal political committee. Name of Employer Occupation Care Group, Inc. Executive Vice President & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 2312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Charles E Cavagnaro III MD Date of Receipt Mailing Address 40 Wright Street 03 2014 City Zip Code State Transaction ID: 21628464 Palmer MA 01069-1138 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Wing Memorial Hospital and Medical Cen Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Spencer L. Grover Date of Receipt Mailing Address 3636 Emily Way 03 14 2014 City State Zip Code Transaction ID: 21628466 IN 46033-4442 Carmel Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Indiana Hospital Association Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. David W Hyatt Date of Receipt Mailing Address 249 Pauline Drive 2014 03 14 City Zip Code State Transaction ID: 21628467 IN Valparaiso 46385-5331 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Chief Executive Officer Jay County Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1125.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas J Leonard Date of Receipt Mailing Address 4319 Benthaven Dr. East 03 2014 City Zip Code State Transaction ID: 21628469 IN Bargersville 46106 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Indiana Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Greg Losasso Date of Receipt Mailing Address 21683 Coulteri Court 03 14 2014 City State Zip Code Transaction ID: 21628470 IN 46507-9691 **Bristol** Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Elkhart General Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Brian Tabor Date of Receipt Mailing Address 10762 Forest Lake Court 2014 03 14 City Zip Code State Transaction ID: 21628471 IN Indianapolis 46278-9610 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vice President Indiana Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mrs. Bernice C. Ulrich Date of Receipt Mailing Address 4655 Running Brook Terrace 03 2014 City Zip Code State Transaction ID: 21628472 IN Greenwood 46143-9255 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Vice President Indiana Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Patricia Cochrell RN, MBA Date of Receipt Mailing Address 23986 Vinland Terrace NW 03 18 2014 City State Zip Code Transaction ID: 21634979 Poulsbo WA 98370-9416 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation B.E. Smith Vice President, Leadership Advisor Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Jay Anderson Date of Receipt Mailing Address 1156 Summit Hills Lane 03 18 2014 City State Zip Code Transaction ID: 21634999 IL Naperville 60563-2243 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Vice President, Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	NAME OF COMMITTEE (In Full) American Hospital Association I	PAC	
Α.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Angela  Mailing Address 1151 East Warrenville Rd.		Date of Receipt
	Walling Address 1131 Last Walterville Nd.		03 18 2014
	City	State Zip Code	Transaction ID: 21635000
	Naperville	IL 60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	400.00
	Name of Employer	Occupation	
	Illinois Hospital Association	Senior Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael G Ankin MD		Date of Receipt
	Mailing Address 660 North Westmoreland Roa		03 18 2014
	City	State Zip Code	Transaction ID: 21635001
	Lake Forest	IL 60045-1659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Northwestern Lake Forest Hospital	Occupation Vice President Medical Affairs & Chief	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Stephen Falk		Date of Receipt
0.	Mailing Address 676 North St. Clair Street Suite 2050		03 18 2014
	Chicago	State Zip Code IL 60611-2942	Transaction ID : 21635006  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Northwestern Memorial Hospital	Administrator	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	250.00	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Matthew J Flynn Date of Receipt Mailing Address 660 North Westmoreland Road 03 2014 18 City Zip Code State Transaction ID: 21635007 Lake Forest IL 60045-1659 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Senior Vice President and Chief Financ Northwestern Lake Forest Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Michelle Gaskill RN Date of Receipt Mailing Address 2320 East 93rd Street 03 18 2014 City State Zip Code Transaction ID: 21635008 IL Chicago 60617-3983 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Advocate Trinity Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Holly Gibout Date of Receipt Mailing Address 1122 North Clark Street 2014 03 18 City State Zip Code Transaction ID: 21635009 IL Chicago 60610-2857 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Vice President Northwestern Memorial Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Dean Manheimer Date of Receipt Mailing Address 251 East Huron Street 03 2014 18 City State Zip Code Transaction ID: 21635010 Chicago IL 60611-2908 Amount of Each Receipt this Period FEC ID number of contributing 800.00 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital Senior Vice President Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Peter J McCanna Date of Receipt Mailing Address 2025 Schiller 03 18 2014 City State Zip Code Transaction ID: 21635024 IL Wilmette 60091-2323 Amount of Each Receipt this Period FEC ID number of contributing 800.00 federal political committee. Name of Employer Occupation Northwestern Memorial Hospital **Executive Vice President Administratio** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Laura Neiberg Date of Receipt Mailing Address 362 Satinwood Court North 2014 03 18 City Zip Code State Transaction ID: 21635025 IL **Buffalo Grove** 60089-6611 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Advocate Good Samaritan Hospital Director, Community & Org Health and R Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Marsha Oberrieder Date of Receipt Mailing Address 275 Noble Cirlcle 03 2014 18 City State Zip Code Transaction ID: 21635026 Vernon Hills IL 60061 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President Northwestern Lake Forest Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Nick Rave Date of Receipt Mailing Address 1525 N. Clyburn Unit B 03 18 2014 City State Zip Code Transaction ID: 21635027 IL Chicago 60610-2483 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Northwestern Memorial Healthcare Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kathleen Rhine Date of Receipt Mailing Address 200 S. Wacker Drive 11th 2014 03 18 City State Zip Code Transaction ID: 21635038 IL Chicago 60606-5863 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 С federal political committee. Name of Employer Occupation Presence Health Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David Sack Date of Receipt Mailing Address 5012 Morse Ave 03 2014 18 City State Zip Code Transaction ID: 21635039 Skokie IL 60077-3510 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President Northwestern Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jim H Skogsbergh Date of Receipt Mailing Address 2025 Windsor Drive 03 18 2014 City State Zip Code Transaction ID: 21635040 Oak Brook IL 60523-1586 Amount of Each Receipt this Period FEC ID number of contributing 1200.00 federal political committee. Name of Employer Occupation Advocate Health Care President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Patricia Skriba Date of Receipt Mailing Address 28 W 675 National Rd 2014 03 18 City State Zip Code Transaction ID: 21635041 IL West Chicago 60185 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Advocate Good Samaritan Hospital Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

### SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Lydia Splan Date of Receipt Mailing Address 925 N. Willard Court, Unit B 03 2014 18 City State Zip Code Transaction ID: 21635042 Chicago IL 60642-4170 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President Northwestern Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary Treacy Shiff Date of Receipt Mailing Address 682 Brooklyn Drive 03 18 2014 City State Zip Code Transaction ID: 21635043 IL Aurora 60502-9038 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Kindred Chicago-Central Hospital Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Robert Gomes FACHE Date of Receipt Mailing Address 1201 NE Elm Street 2014 03 19 City Zip Code State Transaction ID: 21635161 OR Prineville 97754-1206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Chief Executive Officer St. Charles Medical Center - Redmond Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Bradley Beard Date of Receipt Mailing Address 6401 France Avenue South 03 19 2014 City Zip Code State Transaction ID: 21635249 MN Edina 55435-2104 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Fairview Southdale Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Paul J Chodkowski Date of Receipt Mailing Address P O Box 738 03 19 2014 City State Zip Code Transaction ID: 21635262 CO Frisco 80443-0738 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation St. Anthony Summit Medical Center Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Richard Boone Date of Receipt Mailing Address 1923 South Utica Avenue 2014 03 18 City Zip Code State Transaction ID: 21635435 OK Tulsa 74104-5445 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Corporate Vice President St. John Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  A. Mr. Sittichoti Bunnag		Date of Receipt
Mailing Address 700 NW Seventh Street	03 18 2014	
City	State Zip Code	Transaction ID : 21635436
Oklahoma City	OK 73102-1212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Valir Rehabilitation Hospital	Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. James D. Dixson		Date of Receipt
Mailing Address 4401 W Memorial Road, Suit	e 141	M = M / D = D / Y = Y = Y
City	State Zip Code	03 18 2014
City Oklahoma City	State Zip Code OK 73134-1791	Transaction ID : 21635438
<u> </u>		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mercy Hospital Oklahoma City	President Primary Care	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Mr. Chris Hammes FACHE		Date of Receipt
Mailing Address 3300 NW Expressway		03 18 _ 2014 _
City	State Zip Code	Transaction ID : 21635440
Oklahoma City	OK 73112-4418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
INTEGRIS Health	Executive Vice President and Chief Ope	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Jon Jiles Date of Receipt Mailing Address 700 NW Seventh Street 2014 03 18 City Zip Code State Transaction ID: 21635443 OK Oklahoma City 73102-1212 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valir Rehabilitation Hospital **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce Lawrence Date of Receipt Mailing Address 3366 NW Expressway, Suite 800 03 18 2014 City State Zip Code Transaction ID: 21635444 OK Oklahoma City 73112-4458 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **INTEGRIS Health** President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Dirk O'Hara Date of Receipt Mailing Address 1126 Rambling Oaks Dr 2014 03 18 City Zip Code State Transaction ID: 21635446 OK Norman 73072-4134 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Board Member** Valir Rehabilitation Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David R Stire Date of Receipt Mailing Address 3500 East Frank Phillips Boulevard 03 2014 18 City Zip Code State Transaction ID: 21635448 OK Bartlesville 74006-2411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Jane Phillips Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr Christopher Wakeley Date of Receipt Mailing Address 700 NW Seventh Street 03 18 2014 City State Zip Code Transaction ID: 21635450 OK Oklahoma City 73102-1212 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Valir Rehabilitation Hospital **Board Member** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David D Whitaker FACHE Date of Receipt Mailing Address P O Box 1308 03 18 2014 City Zip Code State Transaction ID: 21635451 OK Norman 73070-1308 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Norman Regional Health System Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Rita M. Turley MS, RN Date of Receipt Mailing Address 351 Morningside Lane North 03 2014 City Zip Code State Transaction ID: 21637830 MT Billings 59105-2873 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation **Turley Consulting** President Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Mary-Anne D Ponti RN, DBA, F Date of Receipt Mailing Address 3070 Morford Road 03 2014 14 City State Zip Code Transaction ID: 21637831 MI Petoskey 49770-9234 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation McLaren Northern Michigan Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Helene M Burns MSN, RN, N Date of Receipt Mailing Address 2 Westbury Drive 03 13 2014 City Zip Code State Transaction ID: 21637833 NJ Berlin 08009-9682 Amount of Each Receipt this Period FEC ID number of contributing 350.00 С federal political committee. Name of Employer Occupation Kennedy Health System Chief Nursing Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Elaine Cohen  Mailing Address 13000 Bruce B. Downs Boul  City Tampa  FEC ID number of contributing federal political committee.	evard  State Zip Code FL 33612-4745	Date of Receipt  03 20 2014  Transaction ID: 21637834  Amount of Each Receipt this Period  350.00
Name of Employer  James A. Haley Veterans' Hospital  Receipt For:  Primary General  Other (specify) ▼	Occupation Chief Nurse  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  3. Mr. Anthony Spezia  Mailing Address 100 Fort Sanders West Boul  City	evard State Zip Code	Date of Receipt  03 24 2014  Transaction ID : 21637843
Knoxville  FEC ID number of contributing federal political committee.	TN 37922-3353	Amount of Each Receipt this Period
Name of Employer Covenant Health  Receipt For:  Primary General  Other (specify) ▼	Occupation  President and Chief Executive Officer  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Ms. Patricia J. Crome MN, RN, F  Mailing Address 117 East Louisa Street  #153  City Seattle  FEC ID number of contributing federal political committee.  Name of Employer  Rona Consulting  Receipt For:  Primary General Other (specify)	State Zip Code WA 98102-3203  C  Occupation Principal  Aggregate Year-to-Date  350.00	Date of Receipt  03 14 2014  Transaction ID: 21637848  Amount of Each Receipt this Period  350.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1700.00
TOTAL This Period (last page this line numbe	r only)	

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Claire Murray  Mailing Address 1501 Twelfth Ave.		Date of Receipt
City	State Zip Code	03 17 2014 Transaction ID : 21637855
Watervliet	NY 12189-2402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	1
New York Organization Nurse Executives	Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  Ms. Cynthia A. White RN, MBA		Date of Receipt
Mailing Address 8301b South Ridge Road		03 14 _ 2014 _
City	State Zip Code	Transaction ID : 21638022
Plainfield	IL 60544-9134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University HealthSystem Consortium	Occupation VP, Member Relations & Networking	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)		
Mailing Address 25 Red Hill Cir Apt B		Date of Receipt  03 13 2014
City	State Zip Code	Transaction ID : 21638028
Belvedere Tiburon	CA 94920-1722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	1
Marin General Hospital	Dir, Education Development Service Exc	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional)		950.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Dr. KT Waxman MBA, RN, D  Mailing Address 3432 Bermuda Ct		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : 21638029
San Ramon	CA 94582-1408	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer	Occupation	1
University of San Francisco, School of	Assistant Professor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  Ms. Kathleen D. Sanford RN, DBA  Mailing Address 2650 Syrapusa Court	•	Date of Receipt
Mailing Address 2659 Syracuse Court		03 14 2014
City	State Zip Code	03 14 2014 Transaction ID : 21638032
Denver	CO 80238-2421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer Catholic Health Initiatives	Occupation Chief Nursing Officer & Senior Vice Pr	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  C. Mr. Thomas W Huebner	•	Date of Receipt
Mailing Address 160 Allen Street		03 24 2014
City	State Zip Code	Transaction ID: 21638036
Rutland	VT 05701-4560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	-
Rutland Regional Medical Center	President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional).		1700.00
TOTAL This Period (last page this line number	er only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Cynthia M Grueber  Mailing Address 3181 SW Sam Jackson Park  City Portland  FEC ID number of contributing federal political committee.  Name of Employer  OHSU Hospital  Receipt For:  Primary General Other (specify)	State Zip Code OR 97239-3011  C  Occupation Chief Operating Officer  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 24 2014  Transaction ID: 21638037  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Mary Longe  Mailing Address One North Franklin  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary General Other (specify)	State Zip Code IL 60606-3436  C  Occupation Director  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 18 2014  Transaction ID: 21638039  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Ms. Mary Schulte  Mailing Address One North Franklin  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago  Receipt For:  Primary General Other (specify)	State Zip Code IL 60606-3436  C  Occupation Account Manager, Health Forum  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 24 2014  Transaction ID: 21638040  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. Stephen M. Ahnen  Mailing Address 125 Airport Road  City Concord  FEC ID number of contributing federal political committee.  Name of Employer  New Hampshire Hospital Association  Receipt For:  Primary General Other (specify)	State Zip Code NH 03301-7300  C  Occupation President and CEO  Aggregate Year-to-Date ▼  273.00	Date of Receipt  03 24 2014  Transaction ID: 21638041  Amount of Each Receipt this Period  45.50
Full Name (Last, First, Middle Initial)  Dr. Melinda Estes MD, MBA  Mailing Address 2501 West 64th Street  City  Mission Hills  FEC ID number of contributing federal political committee.  Name of Employer Saint Luke's Health System  Receipt For:  Primary  General  Other (specify)	State Zip Code KS 66208-1913  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Ms. Karen Cox RN, Ph.D.  Mailing Address 4929 Westwood Rd  City  Kansas City  FEC ID number of contributing federal political committee.  Name of Employer  Children's Mercy Hospitals and Clinics  Receipt For:  Primary  General  Other (specify)	State Zip Code MO 64112-1135  C  Occupation Vice President, Patient Care Services  Aggregate Year-to-Date ▼  250.00	Date of Receipt  03 24 2014  Transaction ID: 21638044  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	•	1295.50
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) American Hospital Associate	tion PAC	
Full Name (Last, First, Middle Initial) Dr. Sue Ehinger Ph.D.  Mailing Address 44344 Vades Book		Date of Receipt
Mailing Address 11211 Yoder Road		03 19 2014
City	State Zip Code	Transaction ID : 21638062
Roanoke	IN 46783-9699	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Parkview Health	President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Mr. Donald P Fesko  Mailing Address 1216 Ballybunion Court		Date of Receipt
		03 19 2014
City	State Zip Code	Transaction ID: 21638063
Dyer	IN 46311-1268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Community Hospital	Chief Executive Officer and Administra	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Mr. Kreg Gruber	<u>'</u>	Date of Receipt
Mailing Address 51362 Amesburry Way		03 19 2014
City Granger	State Zip Code IN 46530-4829	Transaction ID : 21638064  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Memorial Hospital of South Bend	President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	1250.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John M Horner Date of Receipt Mailing Address 2347 Saddle Drive 03 19 2014 City Zip Code State Transaction ID: 21638065 Shelbyville IN 46176-1236 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Major Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Raymond V Ingham PhD Date of Receipt Mailing Address 217 East Drive 03 19 2014 City State Zip Code Transaction ID: 21638066 IN Lebanon 46052-1221 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Witham Health Services President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Craig C Kinyon Date of Receipt Mailing Address 3402 Deer Park Court 2014 03 19 City Zip Code State Transaction ID: 21638068 IN Richmond 47374-7935 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President Reid Hospital & Health Care Services Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Robert D McLin Date of Receipt Mailing Address 5506 N. Water Tower Road 19 2014 03 City Zip Code State Transaction ID: 21638069 Bruceville IN 47516-6035 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Good Samaritan Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael J Packnett Date of Receipt Mailing Address 10125 Silver Lake Court 03 19 2014 City State Zip Code Transaction ID: 21638070 Fort Wayne IN 46825-7252 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Parkview Health President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Martin Padgett Date of Receipt Mailing Address 1606 Fox Run Trail 2014 03 19 City Zip Code State Transaction ID: 21638071 IN Jeffersonville 47130-8204 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Clark Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Paul L Usher Date of Receipt Mailing Address 637 Laura Lane PO Box 97 03 19 2014 City State Zip Code Transaction ID: 21638074 IN Sweetser 46987-0097 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Marion General Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Katherine Wallace Date of Receipt Mailing Address 10655 West 650 South 03 19 2014 City State Zip Code Transaction ID: 21638075 IN Columbus 47201-8476 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Indiana Hospital Association **Director Performance Improvement** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David H. Wiesman Date of Receipt Mailing Address 4521 Hickory Grove Blvd. 2014 03 19 City Zip Code State Transaction ID: 21638076 IN Greenwood 46143-7448 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Indiana Hospital Association Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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A	lame of Employer  ItlantiCare  Receipt For:	Occupation President and Chief Executive Officer	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
	full Name (Last, First, Middle Initial) Mr. Winfield S Brown FACHE		Date of Receipt
N	Mailing Address 242 Green Street		03 25 2014
C	City	State Zip Code	Transaction ID: 21638265
(	Gardner	MA 01440-1336	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	750.00
N	lame of Employer	Occupation	
F	Heywood Hospital	President and Chief Executive Officer	
Ā	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
011	PTOTAL of Descripto This Descriptors		2050.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Peter J Holden Date of Receipt Mailing Address 275 Sandwich Street 03 25 2014 City State Zip Code Transaction ID: 21638266 MA Plymouth 02360-2183 Amount of Each Receipt this Period FEC ID number of contributing C 1125.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Beth Israel Deaconess Hospital-Plymout Receipt For: Aggregate Year-to-Date ▼ Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Bruce Auerbach Date of Receipt Mailing Address P.O. Box 2963 03 25 2014 City State Zip Code Transaction ID: 21638267 MA 02703-0963 Attleboro Amount of Each Receipt this Period FEC ID number of contributing C 562.50 federal political committee. Name of Employer Occupation

Sturdy Memorial Hospital	Vice President, Ambulatory & ER Servic	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 562.50	
Full Name (Last, First, Middle Initial)  Mr. Patrick L Muldoon FACHE  Mailing Address 60 Hospital Road		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : 21638268
Leominster	MA 01453-2205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1125.00
Name of Employer	Occupation	
UMass Memorial Medical Center	President and CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
SUBTOTAL of Receipts This Page (optional)		2812.50

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Michele L Gougeon Date of Receipt Mailing Address 115 Mill Street 03 2014 25 City Zip Code State Transaction ID: 21638278 Belmont MA 02478-1064 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation McLean Hospital Executive Vice President and Chief Ope Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Susan Green Date of Receipt Mailing Address 295 Varnum Avenue 03 25 2014 City State Zip Code Transaction ID: 21638279 MA Lowell 01854-2134 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Lowell General Hospital Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Mark A. Keroack MD Date of Receipt Mailing Address 759 Chestnut Street 2014 03 25 City Zip Code State Transaction ID: 21638280 MA Springfield 01199-1001 Amount of Each Receipt this Period FEC ID number of contributing 562.50 С federal political committee. Name of Employer Occupation Baystate Health, Inc. Executive Vice President and Chief Ope Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Joel Rudin Date of Receipt Mailing Address 3 Webster Street 03 2014 25 City Zip Code State Transaction ID: 21638287 Winchester MA 01890-2117 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Chief Executive Officer New England Rehabilitation Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Michael Cofone Date of Receipt Mailing Address 60 Hospital Road 03 25 2014 City State Zip Code Transaction ID: 21638289 MA Leominster 01453-2242 Amount of Each Receipt this Period FEC ID number of contributing 562.50 federal political committee. Name of Employer Occupation Health Alliance Hospitals Interim President Receipt For: Aggregate Year-to-Date ▼ Primary General 562.50 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. John R Fernandez Date of Receipt Mailing Address 5 Otis Street 2014 03 25 City Zip Code State Transaction ID: 21638290 MA Needham 02492-3403 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Massachusetts Eye and Ear Infirmary Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1875.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using to	I Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Mr. Brian Sandager  Mailing Address 35 Bacon Street  City Pepperell  FEC ID number of contributing federal political committee.  Name of Employer Lowell General Hospital  Receipt For: Primary General Other (specify)   Eull Name (Last, First, Middle Initial)	State Zip Code MA 01463-1301  C  Occupation Chief Information Officer  Aggregate Year-to-Date ▼  262.50	Date of Receipt  03 25 2014  Transaction ID: 21638291  Amount of Each Receipt this Period  262.50
Full Name (Last, First, Middle Initial)  Mr. Matthew Woods  Mailing Address 41 Highland Avenue  City  Winchester  FEC ID number of contributing federal political committee.  Name of Employer  Winchester Hospital  Receipt For:  Primary  General  Other (specify)	State Zip Code MA 01890-1446  C  Occupation Executive Vice President Finance and C  Aggregate Year-to-Date ▼  375.00	Date of Receipt  03 25 2014  Transaction ID: 21638293  Amount of Each Receipt this Period  375.00
Full Name (Last, First, Middle Initial)  Dr Joseph C Corkery MD  Mailing Address 41 Mall Road  City Burlington  FEC ID number of contributing federal political committee.  Name of Employer  Lahey Hospital & Medical Center, Burli  Receipt For:  Primary General  Other (specify)	State Zip Code MA 01805-0001  C  Occupation Chief Medical Officer  Aggregate Year-to-Date ▼  262.50	Date of Receipt  03 25 2014  Transaction ID : 21638294  Amount of Each Receipt this Period  262.50
SUBTOTAL of Receipts This Page (optional).	·····	900.00
TOTAL This Period (last page this line number	er only)	

## SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X   11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Receipt For:  Primary General  Other (specify) ▼  Aggrega	Zip Code 01940-1841 tion ior Health ate Year-to-Date ▼	Date of Receipt  03 25 2014  Transaction ID: 21638295  Amount of Each Receipt this Period  375.00
Receipt For:	Zip Code 01505-1429  tion  nt and CEO  ate Year-to-Date ▼  562.50	Date of Receipt  03 25 2014  Transaction ID : 21638296  Amount of Each Receipt this Period  562.50
Possint For:	Zip Code 02128-1308  tion  kecutive Officer (Lahey Behavio ate Year-to-Date ▼  262.50	Date of Receipt  03 25 2014  Transaction ID: 21638297  Amount of Each Receipt this Period  262.50
SUBTOTAL of Receipts This Page (optional)		1200.00
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 48 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Hoyt Skabelund Date of Receipt Mailing Address P O Box 1688 03 2014 25 City Zip Code State Transaction ID: 21638298 NM Clovis 88102-1688 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Administrator Plains Regional Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Jeff Dye Date of Receipt Mailing Address P O Box 92200 03 25 2014 City State Zip Code Transaction ID: 21638299 NM Albuquerque 87199-2200 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **New Mexico Hospital Association** President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Daniel M. George Date of Receipt Mailing Address 672 Morningside Drive 2014 03 25 City Zip Code State Transaction ID: 21638306 MI **Grand Blanc** 48439-2312 Amount of Each Receipt this Period FEC ID number of contributing 245.00 С federal political committee. Name of Employer Occupation Covenant Medical Center Vice President, Ambulatory Services Receipt For: Aggregate Year-to-Date ▼ Primary General 245.00 Other (specify) 995.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 49 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Benjamin Koppelman Date of Receipt Mailing Address 600 Pleasant Avenue 03 2014 28 City Zip Code State Transaction ID: 21643267 MN Park Rapids 56470-1431 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Joseph's Area Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Randy Ulseth Date of Receipt Mailing Address 301 South Highway 65 03 28 2014 City State Zip Code Transaction ID: 21643310 MN Mora 55051-1899 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation FirstLight Health System Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr David J Campbell Date of Receipt Mailing Address 27 Oxford Road 2014 03 28 Zip Code State Transaction ID: 21643370 MI **Grosse Pointe Shores** 48236-1835 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Oakwood Healthcare, Inc. Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1262.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 50 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Edith M Hughes Date of Receipt Mailing Address 24498 E River Road 03 2014 28 City Zip Code State Transaction ID: 21643371 Grosse Ile MI 48138-1709 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Oakwood Southshore Medical Center President Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Ellen Anderson Date of Receipt Mailing Address 121 N Monroe St Unit 1401 03 28 2014 City State Zip Code Transaction ID: 21645541 FL Tallahassee 32301-1548 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Florida Hospital Association State Advocacy Director Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. William A. Bell Date of Receipt Mailing Address 944 Gentian Court 2014 03 28 City Zip Code State Transaction ID: 21645545 FL Tallahassee 32312-1228 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation General Counsel Florida Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Albert Boulenger Date of Receipt Mailing Address 8900 North Kendall Drive 03 2014 28 City Zip Code State Transaction ID: 21645739 FL Miami 33176-2118 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer Baptist Hospital of Miami Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Monica Corbett Date of Receipt Mailing Address 306 East College Avenue 03 28 2014 City State Zip Code Transaction ID: 21645740 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Hospital Association **Director of Communications** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Martha DeCastro RN, MS, CI Date of Receipt Mailing Address 1036 Alameda Drive 2014 03 28 City State Zip Code Transaction ID: 21645742 FL Tallahassee 32317-9577 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Florida Hospital Association Vice President for Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LIN	E NUMBER	ì: [	PAGE	52	OF	102
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Detailed Summary Page	<b>X</b> 11a	11b		11c	12	2	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. William M Duquette Date of Receipt Mailing Address 975 Baptist Way 03 2014 28 City State Zip Code Transaction ID: 21645744 FL Homestead 33033-7600 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer Homestead Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Barbara Flynn Date of Receipt Mailing Address 307 Park Lake Circle 03 28 2014 City State Zip Code Transaction ID: 21645745 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Florida Hospital Association VP, Health Info Mgmt Services Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Sally Forsberg Date of Receipt Mailing Address 307 Park Lake Circle 2014 03 28 Post Office Box 531107 City State Zip Code Transaction ID: 21645746 FL Orlando 32803-3923 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Florida Hospital Association - Orlando Director of Quality & Patient Safety Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 53 OF 102 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David Friedman Date of Receipt Mailing Address 6855 Red Road, Suite 600 2014 03 28 City Zip Code State Transaction ID: 21645747 FL South Miami 33143-3623 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Corporate Vice President and General C Baptist Health South Florida Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Karen Godfrey Date of Receipt Mailing Address 1481 NE 102nd Street 03 28 2014 City State Zip Code Transaction ID: 21645749 Miami Shores FL 33138-2621 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Baptist Health South Florida Corporate Vice President, Revenue Mgmt Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Hugh Greene Date of Receipt Mailing Address 3518 Hilliard Road 2014 03 28 City State Zip Code Transaction ID: 21645750 FL Jacksonville 32217-4258 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Baptist Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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er each category of the etailed Summary Page	>	<b>K</b> 11a		11b	11c	12	
		13		14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Javier Hernandez-Lichtl Date of Receipt Mailing Address 9555 SW 162nd Avenue 03 2014 28 City Zip Code State Transaction ID: 21645782 FL Miami 33196-6408 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer West Kendall Baptist Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian E Keeley Date of Receipt Mailing Address 6855 Red Road, Suite 600 03 28 2014 City State Zip Code Transaction ID: 21645784 Coral Gables FL 33143-3632 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Baptist Health South Florida President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms Ana A Lopez-Blazquez Date of Receipt

Mailing Address 701 Vilabella Ave 2014 03 28 City Zip Code State Transaction ID: 21645786 FL Coral Gables 33146-1733 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation CEO Baptist Health Enterprises Baptist Health South Florida Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	ay not be sold or used by a ddress of any political com	any persor	n for the	pur ntrib	pose of so	soliciting om such	contributi	ons e.
NAME OF COMMITTEE (In Full)					_				
American Hospital Association	PAC				_				
Full Name (Last, First, Middle Initial)  A. Mr. Christopher Martorella MSN, RN,	N			Date o	f Re	ceipt			
Mailing Address 36 Choctaw Trl	_			M = M	7	D   D	/ Y	- Y - Y -	Y
City	State	Zip Code		03 <b>Trans</b>		28	1	2014	
Ormond Beach	FL	32174-4347	F			ion ID : 2 Each Re			
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federal political committee.	С					7	7	500.0	00
Name of Employer	Occupation								
BayCare Health System	Consultant	& Interim Health Care Leade	Э						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		500.0	00						
					_				
Full Name (Last, First, Middle Initial)  3. Mr. Stephen R Mason				Date o	f Re	eceipt			
Mailing Address 16255 Bay Vista Dr				M = M		D D	/ Y	YYY	Υ
				03	]	28		2014	
City	State	Zip Code				ion ID : 2			
Clearwater	FL	33760-3127		Amoun	nt of	Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	С					,	,	2500.0	00
Name of Employer	Occupation	1							
BayCare Health System	President &	CEO							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		2500.0	0						
Cirioi (openiy) 🔻					_				
Full Name (Last, First, Middle Initial)  Ms. Roymi V. Membiela				Date o	f Re	eceipt			
Mailing Address 6855 Red Road, Suite 600				03	/	28	/ Y	2014	Y
City	State	Zip Code				ion ID : 2			
South Miami	FL	33143-3518		Amoun	it of	Each Re	eceipt thi	s Period	
FEC ID number of contributing federal political committee.	С							1000.	00
Name of Employer	Occupation								
Baptist Health South Florida		· √P, Marketing & Public Relat	t						
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Primary General	30 - 92.0		10						
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Lincoln S Mendez Date of Receipt Mailing Address 6200 SW 73rd Street 03 2014 28 City State Zip Code Transaction ID: 21645801 FL South Miami 33143-4679 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Chief Executive Officer South Miami Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Rich Rasmussen Date of Receipt Mailing Address 405 El Destinado Drive 03 28 2014 City State Zip Code Transaction ID: 21645806 FL Tallahassee 32301-1522 Amount of Each Receipt this Period FEC ID number of contributing 1001.00 federal political committee. Name of Employer Occupation Florida Hospital Association VP for Strategic Communications Receipt For: Aggregate Year-to-Date ▼ Primary General 1001.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Kathy A. Reep Date of Receipt Mailing Address 19 W. New Hampshire 2014 03 28 City State Zip Code Transaction ID: 21645807 FL Orlando 32804-5911 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation Florida Hospital Association - Orlando Vice President, Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 2751.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  Mr. Bruce J Rueben  Mailing Address 306 East College Avenue  City Tallahassee  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital Association	State Zip Code FL 32301-1522  C Occupation President	Date of Receipt  03 28 2014  Transaction ID : 21645808  Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  Ms. Crystal Stickle  Mailing Address 306 East College Avenue		Date of Receipt  03 28 2014
City Tallahassee  FEC ID number of contributing federal political committee.	State Zip Code FL 32301-1522	Transaction ID : 21645810  Amount of Each Receipt this Period  1500.00
Name of Employer Florida Hospital Association  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Vice President Government Relations  Aggregate Year-to-Date ▼  1500.00	
Full Name (Last, First, Middle Initial)  Ms. Kim Streit  Mailing Address 1317 Eastin Avenue		Date of Receipt
City Orlando  FEC ID number of contributing federal political committee.  Name of Employer Florida Hospital Association - Orlando Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	State Zip Code FL 32804-6309  C  Occupation VP, Health Research & Information  Aggregate Year-to-Date ▼  1000.00	Transaction ID: 21645819  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional).		4000.00
TOTAL This Period (last page this line number	er only)	

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Mr. John Wilgis  Mailing Address 307 Park Lake Circle		Date of Receipt  03 28 2014
City Orlando  FEC ID number of contributing federal political committee.	State Zip Code FL 32803-3923	Transaction ID : 21645824  Amount of Each Receipt this Period  1200.00
Name of Employer  Florida Hospital Association  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Director, Emergency Mgmt. Svcs.  Aggregate Year-to-Date ▼  1200.00	
Full Name (Last, First, Middle Initial)  Ms. Karen Zeiler  Mailing Address 306 East College Avenue  City	State Zip Code	Date of Receipt  03 28 2014
Tallahassee  FEC ID number of contributing federal political committee.	State         Zip Code           FL         32301-1522	Transaction ID : 21645827  Amount of Each Receipt this Period  1200.00
Name of Employer Florida Hospital Association  Receipt For:  Primary General  Other (specify) ▼	Occupation Senior Vice President  Aggregate Year-to-Date ▼  1200.00	
Full Name (Last, First, Middle Initial)  Ms. Melinda Reid Hatton  Mailing Address 325 Seventh Street, NW  Suite 700  City  Washington	State Zip Code DC 20004-2818	Date of Receipt  03 31 2014  Transaction ID : PR1045726230393  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  American Hospital Association-Washingt	Occupation Senior Vice President & General Counse	76.94
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		2476.94
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 59 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David Schulke Date of Receipt Mailing Address 155 N. Wacker Dr. 2014 31 City State Zip Code Transaction ID: PR1057462130393 Chicago IL 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago VP Research Programs Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **B.** Mr. Dale A Kirby Date of Receipt Mailing Address P O Box 331 03 2014 31 City State Zip Code Transaction ID: PR1125892330393 CA Colusa 95932-0331 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Erik Rasmussen Date of Receipt Mailing Address 325 Seventh Street, NW 31 2014 Suite 700 City Zip Code State Transaction ID: PR1819487930393 DC Washington 20004-2801 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation Senior Associate Director American Hospital Association-Washingt Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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### SCHEDULE A (FEC Form 3X)

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Hospital Association	n PAC		
Full Name (Last, First, Middle Initial)  A. Ms. Linda Fishman			Date of Receipt
Mailing Address 325 Seventh Street, NW			M = M / D = D / Y = Y = Y
Suite 700	State	Zip Code	03 31 2014 Transaction ID : PR327629130393
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.94
Name of Employer	Occupation		
American Hospital Association-Washingt Receipt For:	Senior Vice	President, Public Policy	
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.47 Bi-Weekly)
Other (specify) ▼		230.82	F/K Deduction (\$36.47 Bi-vveekly)
Full Name (Last, First, Middle Initial)  3. Mr. Michael P. McCue			Date of Receipt
Mailing Address 122 N. Greenwood Avenue	9		03 31 _2014 _
City	State	Zip Code	Transaction ID : PR327771630393
Park Ridge	IL .	60068-3227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.94
Name of Employer American Hospital Association-Chicago	Occupation Associate D		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Ms. Debra J. Stock			Date of Receipt
Mailing Address 1022 S. Harvey Avenue			03 31 2014
City Ook Pork	State IL	Zip Code	Transaction ID : PR327777830393
Oak Park	IL.	60304-2132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.94
Name of Employer	Occupation		
American Hospital Association-Chicago	Vice Presid	ent, Member Relations	
Receipt For:    Primary   General	Aggregate	Year-to-Date ▼	B/P Doduction (\$29.47 Pi Woods)
Other (specify) ▼		230.82	P/R Deduction (\$38.47 Bi-Weekly)
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NAME OF COMMITTEE (In Full) American Hospital Association	n PAC	
Full Name (Last, First, Middle Initial)  A. Ms. Pamela Austin Thompson RN, I	MSN	Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		03 31 2014
City	State Zip Code	Transaction ID : PR327812030393
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	
American Hospital Association-Washingt	Chief Executive Officer, AONE & Sr. Vi	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Mr. Mark Seklecki		Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700		03 31 2014
City	State Zip Code	Transaction ID : PR327858030393
Washington	DC 20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.94
Name of Employer  American Hospital Association-Washingt	Occupation  Vice President, Political Affairs	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Mr. John F. Barry		Date of Receipt
Mailing Address One North Franklin		03 31 2014
City	State Zip Code MA 60606-3436	Transaction ID : PR327877830393
Millis	MA 60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	76.94
Name of Employer	Occupation	1
American Hospital Association-Chicago	Regional Executive	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	D/D Doduction (#39.47 D: WLt.)
Other (specify) ▼	230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).	•	230.82
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 62 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom Date of Receipt Mailing Address 130 North Garland Court #3002 2014 31 City State Zip Code Transaction ID: PR327895730393 Chicago IL 60602-4750 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation Vice President American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Richard J. Umbdenstock Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 03 31 2014 City State Zip Code Transaction ID: PR328132830393 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Barbara Lorsbach Date of Receipt Mailing Address 204 7th Ave 03 31 2014 City Zip Code State Transaction ID: PR328136930393 IL La Grange 60525-6406 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation Sr. Vice President, Member Relations American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	R LINE	NU	<b>MBER</b>	:	PAGE	. (	33 OF	102
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c		12	
_ common common, cage		13		14		15		16	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Hospital Association	PAC	
Full Name (Last, First, Middle Initial)  Ms. Donna J. Melkonian		Date of Receipt
Mailing Address 5545 North Wayne		03 31 2014
City	State Zip Code	Transaction ID : PR328223830393
Chicago	IL 60640-1318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	
American Hospital Association-Chicago	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial)  Mr. Ron O. Purcell  Mailing Address 1093 N. Faldo Way		Date of Receipt
01	7:0:	03 31 2014
City	State Zip Code ID 83616-5369	Transaction ID : PR328241430393
FEC ID number of contributing federal political committee.	ID 83616-5369	Amount of Each Receipt this Period  76.94
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt
Mailing Address 3475 North Venice Street		03 31 2014
City	State Zip Code VA 22207-4446	Transaction ID : PR328260930393
Arlington	VA 22201-4440	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.94
Name of Employer	Occupation	
American Hospital Association-Washingt	Executive Vice President	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  230.82	P/R Deduction (\$38.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		230.82
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	<u> </u>	230.83

FOR LINE NUMBER: PAGE 64 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Date of Receipt Mailing Address 200 Clover Hill Court 2014 31 City State Zip Code Transaction ID: PR328511830393 PΑ Yardley 19067-5736 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Alicia N. Mitchell Date of Receipt Mailing Address 1501 N. Harrison Street 03 31 2014 City State Zip Code Transaction ID: PR328512030393 VA Arlington 22205-2726 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Anthony S Burke Date of Receipt Mailing Address 155 N Wacker Dr 31 2014 City State Zip Code Transaction ID: PR328913330393 IL Chicago 60606-1709 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation CEO American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 65 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. John R. Combes Date of Receipt Mailing Address One North Franklin 2014 31 City State Zip Code Transaction ID: PR329071330393 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation President & Chief Operating Officer, C American Hospital Association-Chicago Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. W. Thomas Deweese Date of Receipt Mailing Address 500 Interstate Boulevard South 03 31 2014 City State Zip Code Transaction ID: PR329215730393 Nashville TN 37210-4634 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago AHA Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Thomas Misfeldt Date of Receipt Mailing Address One North Franklin 31 2014 City State Zip Code Transaction ID: PR330411630393 IL Chicago 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation American Hospital Association-Chicago Associate Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 

FOR LINE NUMBER: PAGE 66 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Date of Receipt Mailing Address 4960 138th Circle West 2014 31 City Zip Code State Transaction ID: PR330475430393 MN Apple Valley 55124-9229 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Eileen O'Keefe Date of Receipt Mailing Address 172 Atteridge 03 2014 31 City State Zip Code Transaction ID: PR330549230393 IL Lake Forest 60045-1715 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Vice President, Constituency Section Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Darlene S. Vanderbush Date of Receipt Mailing Address 26 West Glendale Ave. 31 2014 City Zip Code State Transaction ID: PR331304230393 Alexandria VA 22301-2402 Amount of Each Receipt this Period FEC ID number of contributing 76.94 С federal political committee. Name of Employer Occupation American Hospital Association-Washingt Vice President, Operations - APP Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) 230.82 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 67 OF 102 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Megan Cundari Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 2014 31 City Zip Code State Transaction ID: PR518031930393 DC Washington 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Senior Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Ashley B. Thompson Date of Receipt Mailing Address 606 S. Royal St. 03 31 2014 City State Zip Code Transaction ID: PR766023730393 VA Alexandria 22314-4142 Amount of Each Receipt this Period FEC ID number of contributing 76.94 federal political committee. Name of Employer Occupation American Hospital Association-Washingt Director, Policy Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$38.47 Bi-Weekly) 230.82 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 153.88 SUBTOTAL of Receipts This Page (optional)..... 89019.38 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 OF 102 (check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 1							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)  American Hospital Association	PAC									
Full Name (Last, First, Middle Initial)  A. Wisconsin Hospital Association Fede	eral PAC			ate of	Receipt					
Mailing Address 5510 Research Park Drive PO Box 259038				03	/ 04		2014	Y		
City	State	Zip Code			ction ID					
Madison	WI	53725-9038	A	mount	of Each	Receipt	this Perio	d		
FEC ID number of contributing federal political committee.	C co	0422881			,		85	0.00		
Name of Employer	Occupation	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		850.00	1							
Other (specify)		300.00								
Full Name (Last, First, Middle Initial)  B. North Carolina Hospital Assoc. HO	SPAC - Fe	deral	D	ate of	Receipt					
Mailing Address Post Office Box 4449			П	M = M	/ D		Y   Y   Y	Y		
City	State	Zip Code		03 Transa	Of ction ID		2014	_		
Cary	NC	27519-4449					this Perio	d		
FEC ID number of contributing federal political committee.	C co	0194647			,		5970	0.00		
Name of Employer	Occupation	1								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		59700.00								
Full Name (Last, First, Middle Initial)  C. Wisconsin Hospital Association F	ederal PA	 C		ate of	Receipt					
Mailing Address 5510 Research Park Drive				M = M	/ D	D /	Y = Y = Y	Y		
PO Box 259038  City	State	Zip Code	-  L	03	10		2014			
Madison	WI	53725-9038	A		ction ID of Each		this Perio	d		
FEC ID number of contributing federal political committee.	C co	0422881			,			0.00		
Name of Employer	Occupation	1	$\dashv$							
Receipt For:  Primary General	Aggregate	Year-to-Date ▼	$\dashv$							
Other (specify) ▼		1350.00								
SUBTOTAL of Receipts This Page (optional)	1				-	- L- 4D	6105	0.00		
TOTAL This Period (last page this line number	only)		Ī			1 45				

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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 OF 102 (check only one)
ΙT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC		
Α.	Full Name (Last, First, Middle Initial) Hospital and Healthsystem Assoc. of I	PA (F)		Date of Receipt
	Mailing Address Post Office Box 8600			03 18 2014
	City Harrisburg	State PA	Zip Code 17105-8600	Transaction ID : 21634976  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0128082	30000.00
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 30000.00	
В.	Full Name (Last, First, Middle Initial)  New York Hospital & Healthcare Ass	soc. FED I	PAC	Date of Receipt
	Mailing Address One Empire Drive			03 18 2014
	City Rensselaer	State NY	Zip Code 12144	Transaction ID : 21634977  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0160259	50000.00
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 150000.00	
<u> </u>	Full Name (Last, First, Middle Initial) California Healthcare Association	PAC - Fe	deral	Date of Receipt
	Mailing Address 1215 K Street Suite 800			03 21 2014
	City Sacramento	State CA	Zip Code 95814	Transaction ID : 21638107  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0237495	100000.00
	Name of Employer	Occupation	1	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 100000.00	
s	UBTOTAL of Receipts This Page (optional)			180000.00

TOTAL This Period (last page this line number only).....

241050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 102 (check only one)  11a 11b 11c 12 13 14 15 16 🗙 17	
Ar or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any puddress of any political committee	erson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) American Hospital Association F	PAC			
Α.	Full Name (Last, First, Middle Initial) TD Bank			Date of Receipt	
	Mailing Address 901 Seventh Street, NW			03 31 2014	
	City Washington	State DC	Zip Code 20001	Transaction ID : 21674556  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		280.14	
	Name of Employer	Occupation			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 796.44	Interest Earned	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt	
٠.	Mailing Address			M = M / D = D / Y = Y = Y	
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		Amount of Each necespt this Feriou	
	Name of Employer	Occupation			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼		
_	Full Name (Last, First, Middle Initial)			Data of Bassist	
C.	Mailing Address			Date of Receipt	
	City	State	Zip Code	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		Amount of Each neceipt this Period	
	Name of Employer	Occupation			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼		
s	UBTOTAL of Receipts This Page (optional)			280.14	

TOTAL This Period (last page this line number only).....

280.14

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: P.	AGE 71 OF 102	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	(check only one)		
	Detailed Summary Page		22 23 24 28a 28b 28c	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Any information social from social D	monto moverant har all				
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	7.1-				
American Hospital Association PA	С				
Full Name (Last, First, Middle Initial)					
<sup>A.</sup> U.S. Treasury			Date of Disbursement		
Mailing Address P.O. Box 2188			03 / 12	2014	
City	State Zip Code		<u> </u>		
Parkersburg	WV 26106-2188		Transaction ID: 21626	<b>∠</b> bU	
Purpose of Disbursement Federal Taxes		001	Amount of Each Disburse	ement this Period	
Candidate Name		Category/			
		Type		859.00	
	ment For:				
Senate President	Primary General		Federal Taxes		
State: President State:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. Paymentech			Date of Disbursement		
Mailing Address 14221 Dallas Parkway Building Two			03 / 04 /	2014	
	State Zip Code TX 75254		Transaction ID : 21675	346	
Purpose of Disbursement Merchant Fees		001	Amount of Each Disburse	ement this Period	
Candidate Name		Category/			
		Type		28.50	
	ment For:				
Senate President	Primary General		Merchant Fees		
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Newtek Merchant Solutions			Date of Disbursement		
Mailing Address 744 N 4th Street	Mailing Address 744 N 4th Street			2014	
	State Zip Code		Transaction ID : 21675	349	
Milwaukee	WI 53203		. เฉมอิสินเบม เม : 216/5	J.0	
Purpose of Disbursement Merchant Fees					
Candidate Name		001	Amount of Each Disburse	ement this Period	
		Category/ Type		199.54	
Office Sought: House Disburser	ment For:	.,,,,,			
Senate	Primary General		Merchant Fees		
President	Other (specify) ▼		-		
State: District:					
SUBTOTAL of Disbursements This Page (optional)		<b>_</b>		1087.04	
		<u> </u>		100= -	
TOTAL This Period (last page this line number only)	·)	·····		1087.04	

SCHEDULE B (FEC Form 3X)	1	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedu for each category of	the Contour only	
	Detailed Summary Pa		22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater	monto move not be cold		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)		-	
American Hospital Association PAG	C		
·			
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Charles Boustany, Jr., MD For Cor	ngress, Inc.		
Mailing Address PO Box 80126			03 04 2014
- 7	State Zip Code		Transaction ID: 21625385
Lafayette Purpose of Disbursement	LA 70598		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Charles W. Boustany Jr.		Type	1000.00
	ment For: 2014		
	Primary Gene	eral	Contribution
State: LA District: 03	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Friends Of Cheri Bustos			Date of Disbursement
Therias of Other Basios			M = M / D = D / Y = Y = Y
Mailing Address P.O. Box 77			03 04 2014
00			
City East Moline	State Zip Code IL 61244		Transaction ID: 21625388
	12 01244		
Purpose of Disbursement			
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Contribution Candidate Name		011 Category/	
Contribution Candidate Name Rep. Cheri Bustos			Amount of Each Disbursement this Period 2000.00
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought: House Disburser	ment For: 2014	Category/ Type	2000.00
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  House Senate  Disburser	Primary Gene	Category/ Type	
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought: House Disburser		Category/ Type	2000.00
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  House Senate President  Disburser	Primary Gene	Category/ Type	2000.00
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President  State: IL District: 17	Primary Gene Other (specify) ▼	Category/ Type	2000.00
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate  President  State: IL  District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee	Primary Gene Other (specify) ▼	Category/ Type	2000.00  Contribution  Date of Disbursement
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President  State: IL  District: 17  Full Name (Last, First, Middle Initial)	Primary Gene Other (specify) ▼	Category/ Type	2000.00  Contribution  Date of Disbursement
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305	Primary Gene Other (specify) ▼	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville	Primary Gene Other (specify) ▼	Category/ Type	2000.00  Contribution  Date of Disbursement
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement	Primary Gene Other (specify)   State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President  State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville  Purpose of Disbursement Contribution	Primary Gene Other (specify)   State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name	Primary Gene Other (specify)   State Zip Code	Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name  Rep. Michael E. Capuano	Primary Gene Other (specify)   State Zip Code MA 02144	Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name  Rep. Michael E. Capuano	Primary Gene Other (specify)   State Zip Code	Category/ Type  oral  O11  Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name  Rep. Michael E. Capuano  Office Sought:  House  Disburser	Primary Gene Other (specify)   State Zip Code MA 02144  ment For: 2014	Category/ Type  oral  O11  Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name  Rep. Michael E. Capuano  Office Sought:  House Senate  Disburser	Primary Gene Other (specify)   State Zip Code MA 02144  ment For: 2014 Primary Gene	Category/ Type  oral  O11  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name  Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name  Rep. Michael E. Capuano  Office Sought:  House Senate President State: MA District: 07	Primary Gene Other (specify)   State Zip Code MA 02144  ment For: 2014 Primary Gene Other (specify)   Other (specify)	Category/ Type  oral  O11  Category/ Type  oral	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution  Candidate Name Rep. Cheri Bustos  Office Sought:  Senate President State: IL District: 17  Full Name (Last, First, Middle Initial)  C. Capuano For Congress Committee  Mailing Address PO Box 440305  City Somerville Purpose of Disbursement Contribution  Candidate Name Rep. Michael E. Capuano  Office Sought:  House Senate President  Disburser	Primary Gene Other (specify)   State Zip Code MA 02144  ment For: 2014 Primary Gene Other (specify)   Other (specify)	Category/ Type  oral  O11  Category/ Type  oral	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
<u>/</u>	•					
٨	Full Name (Last, First, Middle Initial)			Date of Disbursement		
٦.	Steve Cohen For Congress					
	Mailing Address 349 Kenilworth Place			03 04 2014		
		State Zip Code		Transaction ID : 21625391		
	Memphis Purpose of Disbursement	TN 38112				
	Contribution		011	Amount of Each Disbursement this Peri	iod	
	Candidate Name		Category/			
	Rep. Stephen Ira Cohen		Type	2000.00		
		nent For: 2014	'			
		Primary General	I	Contribution		
		Other (specify) ▼				
	State: TN District: 09  Full Name (Last, First, Middle Initial)					
В.	Chris Gibson For Congress			Date of Disbursement		
	Ciliis Cibsori i di Congress			M M / D D / Y Y Y Y		
	Mailing Address PO Box 234			03 04 2014		
	-					
	,	State Zip Code NY 12866		Transaction ID: 21625394		
	Purpose of Disbursement	12000				
	Contribution		011	Amount of Each Disbursement this Peri	iod	
	Candidate Name		Category/	1000.00		
	Rep. Chris Gibson		Type	1000.00		
		nent For: 2014				
		Primary General Other (specify) ▼	'	Contribution		
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	Full Name (Last, First, Middle Initial)					
C.	Cathy McMorris Rodgers For Cong	ress		Date of Disbursement		
				M M / D D / Y Y Y Y		
	Mailing Address Box 137			03 04 2014		
	City	State Zip Code				
	-	WA 99210		Transaction ID: 21625396		
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	Rep. Cathy McMorris Rodgers		Category/	1000.00		
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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
<u>/_</u>	Full Name (Lock First Middle Initial)		-			
Δ	Full Name (Last, First, Middle Initial)			Date of Disbursement		
٠.	Pascrell For Congress			M M / D D / Y Y Y Y		
	Mailing Address PO Box 100			03 04 2014		
		State Zip Code NJ 07666		Transaction ID : 21625398		
	Teaneck Purpose of Disbursement	NJ 07666	T			
	Contribution		011	Amount of Each Disbursement this Period		
	Candidate Name		Category/	4000.00	1	
	Rep. William J. Pascrell Jr.		Type	1000.00	J	
		nent For: 2014				
		Primary General Other (specify)		Contribution		
	State: NJ District: 09	Cirici (opeony)				
	Full Name (Last, First, Middle Initial)				_	
В.	Jim Renacci For Congress			Date of Disbursement		
				M = M / D = D / Y = Y = Y		
	Mailing Address 150 Smokerise Drive			03 04 2014		
	City	State Zip Code		T .: ID 0400000		
	Wadsworth	OH 44281		Transaction ID: 21625399		
	Purpose of Disbursement Contribution		044	Assessed of Early Disharmon and this David		
	Candidate Name		011	Amount of Each Disbursement this Period	-	
	Rep. James B. Renacci		Category/ Type	1000.00	ı	
		nent For: 2014	1,750			
	Senate	Primary General		Contribution		
		Other (specify) ▼				
	State: OH District: 16					
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement		
٠.	Blue Hen PAC			M M / D D / Y Y Y Y Y		
	Mailing Address PO Box 9900			03 04 2014		
	,	State Zip Code DE 19714		Transaction ID: 21625400		
	Purpose of Disbursement	19714				
	2014 Contribution		011	Amount of Each Disbursement this Period		
	Candidate Name		Category/	1000.00	1	
	Blue Hen PAC		Туре	1000.00	J	
	Office Sought: House Disbursem	nent For:  Primary General				
		Other (specify)		2014 Contribution		
	State: District:	- (-1)/ <b>V</b>				
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 75 OF 102
TEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	TOMBEIT:
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
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or for commercial purposes, other than using the nar	me and address of any political	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
/			
Full Name (Last, First, Middle Initial)	- Obi- Facines	. I- DAO	Data of Bishamanan
A. BRIDGE PAC: Building Relationships In Divers	e Geographic Environmer	IIS PAC	Date of Disbursement
Mailing Address 499 South Capitol St., SW			03 04 2014
Suite 422			03 04 2014
	State Zip Code		
Washington	DC 20003		Transaction ID: 21625401
Purpose of Disbursement			
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name	L'a Faciana de BAO	Category/	1000.00
BRIDGE PAC: Building Relationships In Diverse Geograp	nic Environments PAC	Type	1000.00
	ment For:		
Senate	Primary General		2014 Contribution
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  B. CAMPAC: Continuing a Majority P	anta Astina Onata		Date of Disbursement
B. CAMPAC: Continuing a Majority P	arty Action Cmite		
Mailing Address 5915 Eastman Avenue			03 04 2014
Suite 100			
City	State Zip Code		Transaction ID: 21625403
Midland	MI 48640		114113434101112 : 21023433
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriod
CAMPAC: Continuing a Majority P	arty Action Cmte	Category/ Type	5000.00
	ment For:	Турс	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary General		2014 Contribution
President	Other (specify) ▼		2014 Contribution
State: District:	•		
Full Name (Last, First, Middle Initial)			
C. Lone Star Leadership PAC			Date of Disbursement
<u> </u>			M M / D D / Y Y Y Y
Mailing Address 7315 Wisconsin Avenue			03 04 2014
Suite 310 East City	State Zip Code		
Bethesda	MD 20814		Transaction ID: 21625406
Purpose of Disbursement			
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Lone Star Leadership PAC		Туре	1000.00
Office Sought: House Disbursel	ment For:		
Senate	Primary General		2014 Contribution
President	Other (specify) ▼		
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OUDTOTAL ACTION OF THE TOTAL ACTION			7000.00
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	e Concor only	7 one)  22
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NAME OF COMMITTEE (In Full) American Hospital Association PA	71	mical committee to	Solicit contributions from Such committee.
Full Name (Last, First, Middle Initial)			
- PAC to the Future			Date of Disbursement
Mailing Address 700 13th Street N.W. Suite 600			03 04 2014
•	State Zip Code		Transaction ID: 21625407
Washington Purpose of Disbursement	DC 20005		Transaction is 121020401
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
PAC to the Future		Type	1000.00
Office Sought: House Disburse  Senate President  State: District:	ment For:    Primary	l	2014 Contribution
Full Name (Last, First, Middle Initial)			
- Searchlight Leadership Fund			Date of Disbursement
Mailing Address 700 Thirteenth Street, NW Suite 600			03 04 2014
City Washington	State Zip Code DC 20005		Transaction ID : 21625408
Purpose of Disbursement 2014 Contribution	20000	011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each dispulsement this Fellou
Searchlight Leadership Fund		Category/ Type	5000.00
	ment For: Primary General Other (specify) ▼		2014 Contribution
Full Name (Last, First, Middle Initial)  Democratic Congressional Campaign Committee			Date of Disbursement
Mailing Address 430 South Capitol Street			03 / 04 / 2014
Washington	State Zip Code DC 20003	,	Transaction ID : 21625409
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name  Democratic Congressional Campa	aign Committee	Category/ Type	15000.00
	ment For:    Primary		2014 Contribution

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TE	MIZED DISBURSEMENTS		arate schedule(s) category of the	(check only					
			Summary Page	21b	22	X 23	24	25	26
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\	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC								
	Full Name (Last, First, Middle Initial)								
Α.	Coffman For Congress				Date o	f Disbursen		YY	Υ
١	Mailing Address 9249 South Broadway #200-501				03	04		2014	
		tate	Zip Code		<b>T</b>		0400544		
	9	СО	80129		Irans	saction ID :	2162541	1	
Ī	Purpose of Disbursement Contribution			011	Amoun	t of Each [	Disbursem	ent this	Period
i	Candidate Name			Category/				100	
	Rep. Mike Coffman			Type		-	7	100	0.00
		ient For: Primary Other (spe	General		Contrib	ution			
	State: CO District: 06								
_	Full Name (Last, First, Middle Initial)								
В.	Perlmutter For Congress				Date o	f Disbursen		YY	Υ
	Mailing Address 3440 Youngfield Street #264				03	05		2014	
	Wheat Ridge	tate CO	Zip Code 80033		Trans	saction ID :	2162541	2	
	Purpose of Disbursement Contribution			011	Amoun	t of Each [	Disbursem	ent this	Period
	Candidate Name			Category/				100	0.00
	Rep. Edwin Perlmutter			Type		-	7	100	0.00
		ent For: Primary Other (spe	General		Contrib	ution			
	Full Name (Last, First, Middle Initial)								
C.	Austin Scott For Congress Inc				Date o	f Disbursen	nent		
i	Mailing Address PO Box 2530				03	04		2014	Y
		tate GA	Zip Code		Trans	saction ID :	2162541	3	
	Tifton Purpose of Disbursement Contribution	GA	31793						
	Candidate Name			011	Amoun	t of Each [	Disbursem	ent this	Period
,	Rep. Austin Scott			Category/				250	0.00
i	Office Sought:  House Disbursem	ent For	2014	Туре		7	7		
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SCHEDULE B (FEC Form 3X)		FOR LINE N	JUMBER: PAGE 78 OF 102
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
A. Tom Reed For Congress			Date of Disbursement
Mailing Address PO Box 391			03 04 2014
City	State Zip Code		Transaction ID - 04005444
Geneva	NY 14456		Transaction ID: 21625414
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Tom Reed		Type	1000.00
Senate	nent For: 2014  Primary General  Other (specify)		Contribution
State: NY District: 23			
Full Name (Last, First, Middle Initial)			
B. Paul Tonko For Congress			Date of Disbursement
Mailing Address 911 Central Avenue PO Box 221			03 04 2014
Albany	State Zip Code NY 12206		Transaction ID: 21625415
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
Rep. Paul David Tonko		Type	500.00
Senate	nent For: 2014  Primary General  Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			
C. Connolly For Congress			Date of Disbursement
Mailing Address 3706 Prado Place			03 04 2014
•	State Zip Code VA 22031		Transaction ID : 21625416
Purpose of Disbursement Contribution	22001	011	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Gerald E. Connolly		Category/ Type	1000.00
	nent For: 2014	71	
Senate President  State: VA District: 11	Primary General Other (specify) ▼		Contribution
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SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 79 OF 102	<u>-</u>
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 🗙 23 24 25 26	
		27	28a 28b 28c 29 30	b
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NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial)				
A. People For Derek Kilmer			Date of Disbursement	
Mailing Address PO Box 1574			03 04 2014	
City	State Zip Code		Transaction ID : 21625417	
- · · · · · · · · · · · · · · · · · · ·	WA 98335		Transaction ID . 21023417	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Rep. Derek Kilmer		Туре	1000.00	
Senate President	nent For: 2014  Primary General  Other (specify)		Contribution	
State: WA District: 06				_
Full Name (Last, First, Middle Initial)			Data of Dialauraansant	
B. Friends Of Kelly Ayotte			Date of Disbursement	
Mailing Address PO Box 937			03 11 2014	
,	State Zip Code NH 03105		Transaction ID: 21627104	
Purpose of Disbursement 2016 Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
Sen. Kelly Ayotte		Type	1000.00	
∑ Senate	nent For: 2016  Primary General  Other (specify)		2016 Contribution	
Full Name (Last, First, Middle Initial)				_
C. Friends Of Roy Blunt			Date of Disbursement	
Mailing Address PO Box 10178			03 11 2014	
City	State Zip Code			_
Columbia	MO 65205		Transaction ID: 21627105	
Purpose of Disbursement 2016 Contribution		244		
Candidate Name		011	Amount of Each Disbursement this Period	
Sen. Roy Blunt		Category/ Type	1000.00	
	nent For: 2016	Турс	7	
Senate X	Primary General Other (specify) ▼		2016 Contribution	
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SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00	
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 80 OF 102
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
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		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
Full Name (Last, First, Middle Initial)			
A. Texans For Senator John Cornyn	Inc		Date of Disbursement
Mailing Address PO Box 13026			03 11 2014
City	State Zip Code		Transaction ID : 21627106
Austin	TX 78711		114115454151115 . 215211155
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. John Cornyn		Туре	1000.00
Office Sought:  House  Senate  President  Disburse	ment For: 2014 Primary		Contribution
State: TX District:			
Full Name (Last, First, Middle Initial)			B (B) .
B. Udall For Colorado			Date of Disbursement
Mailing Address PO Box 40158			03 11 2014
City Denver	State Zip Code CO 80204		Transaction ID: 21627108
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Mark Emery Udall		Type	1000.00
	ment For: 2014		
Senate President	Primary General		Contribution
State: CO District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Friends Of Mark Warner			Date of Disbursement
Mailing Address 201 North Union Street Suite 300			03 11 2014
City Alexandria	State Zip Code VA 22314		Transaction ID : 21627123
Purpose of Disbursement Contribution	22011	'011	
Candidate Name		011	Amount of Each Disbursement this Period
Sen. Mark Robert Warner		Category/ Type	1000.00
	ment For: 2014	туре	
Senate President State: VA District:	Primary		Contribution
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 81 OF 102
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	
	for each category of the Detailed Summary Page	21b	22 🔀 23 🗌 24 📗 25 📗 26
	, ,	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
Full Name (Last, First, Middle Initial)			
<sup>A.</sup> Wyden For Senate			Date of Disbursement
Mailing Address 232 Ne 9th Avenue			03 11 2014
City	State Zip Code		Transaction ID : 21627124
Portland	OR 97232		11a115aCtion ID . 21627124
Purpose of Disbursement 2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Ron Wyden		Туре	1000.00
Senate President	ment For: 2016 Primary General Other (specify)		2016 Contribution
State: OR District:			
Full Name (Last, First, Middle Initial)			Data of Dishusassant
B. Brady For Congress			Date of Disbursement
Mailing Address PO Box 8277			03 11 2014
City The Woodlands	State Zip Code TX 77387		Transaction ID: 21627125
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Kevin Patrick Brady		Type	1000.00
Office Sought:    House   Disburse	ment For: 2014 Primary		Contribution
Full Name (Last, First, Middle Initial)			
C. Cantor For Congress			Date of Disbursement
Mailing Address PO Box 17813			03 11 2014
City Richmond	State Zip Code VA 23226		Transaction ID: 21627126
Purpose of Disbursement Contribution	23220		
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Eric I. Cantor		Category/ Type	2500.00
•	ment For: 2014	.,,,,	
Senate President State: VA District: 07	Primary General Other (specify) ▼		Contribution
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	for each category of the Detailed Summary Page	21b		26
	, ,	27	28a 28b 28c 29 3	30b
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	С			
Full Name (Last, First, Middle Initial)				
A. Courtney For Congress			Date of Disbursement	
Mailing Address PO Box 1372			03 11 2014	
City	State Zip Code		Transaction ID : 21627127	
Vernon	CT 06066		Transaction ID . 2102/12/	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	7
Rep. Joseph D. Courtney		Туре	1000.00	4
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼		Contribution	
State: CT District: 02	Convention201	4		
Full Name (Last, First, Middle Initial)				
B. Cummings For Congress Campai	gn Committee		Date of Disbursement	
Mailing Address PO Box 1631			03 11 2014	
City Baltimore	State Zip Code MD 21203		Transaction ID: 21627128	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	1
Rep. Elijah E. Cummings		Туре	1000.00	_
	ment For: 2014 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				_
C. Forbes For Congress			Date of Disbursement	
Mailing Address PO Box 15100			03 11 2014	
City Chesapeake	State Zip Code VA 23328		Transaction ID: 21627129	
Purpose of Disbursement Contribution	VA 23326	044		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. J. Randy Forbes		Category/ Type	1000.00	Т
	ment For: 2014	.,,,,,		
Senate President State: VA District: 04	Primary General Other (specify) ▼		Contribution	
				T
SUBTOTAL of Disbursements This Page (optional).		·····•	3000.00	1
TOTAL This Period (last page this line number only	)			

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 83 (		
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$\setminus$	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)				<b>.</b>	
A.	Pat Meehan For Congress				Date of Disbu	
	Mailing Address 50 S. Providence Road				03	11 2014
	City	State	Zip Code		Transastian	ID - 24627420
		PA	19063		Transaction	ID : 21627130
	Purpose of Disbursement Contribution			011	Amount of Ea	ch Disbursement this Period
	Candidate Name			Category/		1000.00
	Rep. Patrick L. Meehan  Office Sought: House Disbursem	nent For: 20	11/	Туре		
	Senate President	Primary Other (specif	General		Contribution	
_	State: PA District: 07					
R	Full Name (Last, First, Middle Initial)				Date of Disbu	ırsement
٠.	Van Hollen For Congress					D D / Y Y Y Y Y
	Mailing Address 10537 St. Paul St.				03	11 2014
	Kensington	State MD	Zip Code 20895		Transaction	ID : 21627131
	Purpose of Disbursement Contribution			011	Amount of Ea	ch Disbursement this Period
	Candidate Name			Category/		1000.00
	Rep. Chris Van Hollen			Type		1000.00
	Senate X	nent For: 20 Primary Other (specif	General		Contribution	
_	Full Name (Last, First, Middle Initial)					
C.	Hawkeye PAC				Date of Disbu	rsement
	Mailing Address D.O.B. 7055					11 2014
	Mailing Address P.O.Box 7255				03	11 2014
	City S Des Moines	State IA	Zip Code 50309		Transaction	ID : 21627136
	Purpose of Disbursement 2014 Contribution					
	Candidate Name			011	Amount of Ea	ch Disbursement this Period
	Hawkeye PAC			Category/ Type		5000.00
	Office Sought: House Disbursem	nent For:		туре		
		Primary	General		2014 Contribu	tion
	President	Other (specif	(y) <b>▼</b>			
	State: District:					
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erson for the purpose of soliciting contributions to solicit contributions from such committee.
to solicit contributions from such committee.
Date of Disbursement
03 11 2014
Transaction ID: 21627140
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03 11 2014
Transaction ID : 21627146
Amount of Each Disbursement this Period
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2300.00
Contribution
Date of Disbursement
03 11 2014
Transaction ID : 21627150
Amount of Each Disbursement this Period
1500.00
Contribution
5000.00
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	AC .		
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Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Castor For Congress			
Mailing Address 301 W Platt Street, #385			03 11 2014
City	State Zip Code		Transaction ID : 21627156
Tampa Purpose of Disbursement	FL 33606		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Katherine Castor		Type	3500.00
Office Sought: House Disburse	ement For: 2014		
Senate	Primary Genera	al	Contribution
State: FL District: 14	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Stutzman For Congress			Date of Disbursement
Otalizman i or congress			M M / D D / Y Y Y Y
Mailing Address PO Box 129			03 11 2014
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City Howe	State Zip Code IN 46746		Transaction ID : 21627161
Purpose of Disbursement			
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Purpose of Disbursement Contribution Candidate Name Rep. Marlin Stutzman			Amount of Each Disbursement this Period
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Disburse	ement For: 2014	Category/ Type	1000.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Disburse	Primary Genera	Category/ Type	
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate  Disburse		Category/ Type	1000.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President  President	Primary Genera	Category/ Type	1000.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)	Primary Genera	Category/ Type	1000.00
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress	Primary Genera	Category/ Type	Tool 1000.00  Contribution  Date of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)	Primary Genera	Category/ Type	1000.00  Contribution  Date of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress	Primary Genera	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia	Primary Genera Other (specify) ▼	Category/ Type	Date of Disbursement
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement	Primary General Other (specify) ▼  State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution	Primary General Other (specify) ▼  State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought: House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name	Primary General Other (specify) ▼  State Zip Code	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler	Primary General Other (specify) ▼  State Zip Code	Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler	Primary General Other (specify) ▼  State Zip Code MO 65205	Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler  Office Sought:  House Senate President  Disburse Senate President	Primary General Other (specify) ▼  State Zip Code MO 65205	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler  Office Sought:  House Senate	Primary General Other (specify) ▼  State Zip Code MO 65205  ement For: 2014 Primary General	Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler  Office Sought:  House Senate President State: MO District: 04	Other (specify) ▼  State Zip Code MO 65205  ement For: 2014 Primary General General Other (specify) ▼	Category/ Type  011  Category/ Type	Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution  Candidate Name  Rep. Marlin Stutzman  Office Sought:  House Senate President State: IN District: 03  Full Name (Last, First, Middle Initial)  C. Vicky Hartzler For Congress  Mailing Address P.O. Box 30080  City Columbia Purpose of Disbursement Contribution  Candidate Name  Rep. Vicky Hartzler  Office Sought:  House Senate President  Disburse Senate President	Other (specify) ▼  State Zip Code MO 65205  ement For: 2014 Primary General General Other (specify) ▼	Category/ Type  011  Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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			Summary Page	21b 27		23 24 25 26 28b 28c 29 30b
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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
$\rangle$	American Hospital Association PAC					
<u>/_</u>	Full Name (Lock First Middle Letter)					
Δ	Full Name (Last, First, Middle Initial)	/olozau	oz To Conar		Date of Disb	nursement
٠.	Committee To Re-Elect Nydia M. V	eiazqu	ez 10 Congre	7	Date of Bloc	D D / Y Y Y Y
	Mailing Address 315 Inspiration Lane				03	11 2014
		State MD	Zip Code		Transactio	n ID : 21627166
	Gaithersburg Purpose of Disbursement	IVID	20878			
	Contribution			011	Amount of E	ach Disbursement this Period
	Candidate Name			Category/		
	Rep. Nydia M. Velazquez			Type		1000.00
	Office Sought: House Disbursen					
		Primary Other (spe	General		Contribution	
	State: NY District: 07	Other (spe	ecity) 🔻			
	Full Name (Last, First, Middle Initial)					
В.	Filemon Vela For Congress				Date of Disb	pursement
					M = M /	D D / Y Y Y Y
	Mailing Address 2929 Mossrock Street				03	13 2014
	Suite 215 City S	State	Zip Code			
	San Antonio	TX	78230		Transactio	on ID : 21627167
	Purpose of Disbursement					
	Contribution			011	Amount of E	ach Disbursement this Period
	Candidate Name			Category/		1000.00
	Rep. Filemon Vela Jr.  Office Sought:	nent For	2014	Туре	7	
		Primary	General		Contribution	
		Other (spe			Continuation	
	State: TX District: 34					
_	Full Name (Last, First, Middle Initial)					
C.	Lizbeth Benacquisto for Congress				Date of Disb	
	Mailing Address 610 S. Boulevard				03	11 2014
	ag / aa. eee e e e e e e e e e e e e e e e e				- 47	
	City	State	Zip Code		Transactio	on ID : 21628117
	Tampa Purpose of Disbursement	FL	33606			
	Contribution			011	Amount of F	ach Disbursement this Period
	Candidate Name			Category/	Amount of E	ach disbursement this Period
	Lizbeth Benacquisto			Type		5000.00
	Lizbetti beriacquisto				,	,
	Office Sought: House Disbursen	nent For:	2014			
	Office Sought: House Disbursen Senate	Primary	General		Contribution	
	Office Sought:    House   Disbursen		General ecify) ▼	214	Contribution	
	Office Sought: House Disbursen Senate	Primary	General	014	Contribution	
s	Office Sought:    House   Disbursen	Primary Other (spe	General ecify) ▼ Special-Primary20	<u> </u>	Contribution	7000.00
s	Office Sought:    House   Disbursen	Primary Other (spe	General ecify) ▼ Special-Primary20	<u> </u>	Contribution	7000.00

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NAME OF COMMITTEE (In Full)			
American Hospital Association F	PAC		
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. Mike Crapo For US Senate			
Mailing Address P.O. Box 1948			03 18 2014
City	State Zip Code		Transaction ID : 21637347
Boise Purpose of Disbursement	ID 83701		
2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Mike Crapo		Type	2000.00
	rsement For: 2016		
Senate President	Primary General	al	2016 Contribution
State: ID District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Guthrie For Congress			Date of Disbursement
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Mailing Address PO Box 9639			03 18 2014
City	State Zip Code		
Bowling Green	KY 42102		Transaction ID: 21637351
Purpose of Disbursement Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
Rep. S. Brett Guthrie		Category/	1000.00
•		Type	
Office Sought: V House Disbu	rsement For: 2014	'	
Office Sought: House Disbu	rsement For: 2014  Primary Genera	al	Contribution
		al	Contribution
Senate President State: KY District: 02	Y Primary Genera	al	Contribution
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)	Y Primary Genera	al	
Senate President State: KY District: 02	Y Primary Genera	al	Date of Disbursement
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress	Y Primary Genera	al	Date of Disbursement
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)	Y Primary Genera	al	Date of Disbursement
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City	Primary General Other (specify) ▼  State Zip Code	al	Date of Disbursement
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville	Primary General Other (specify) ▼	al	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City	Primary General Other (specify) ▼  State Zip Code	011	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement	Primary General Other (specify) ▼  State Zip Code	011	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin	Primary General Other (specify) ▼  State Zip Code MI 48066		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought: House Disbu	Primary General Other (specify) ▼  State Zip Code MI 48066	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought:  House Senate  Disbursement Disbursemen	Primary General Other (specify) ▼  State Zip Code MI 48066  rsement For: 2014  Primary General General General For: 2014	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought: House Senate President	Primary General Other (specify) ▼  State Zip Code MI 48066	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought:  House Senate  Disbursement Disbursemen	Primary General Other (specify) ▼  State Zip Code MI 48066  rsement For: 2014  Primary General General General For: 2014	011 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought: House Senate President	State Zip Code MI 48066  rsement For: 2014  Primary General Other (specify)  Other (specify)	O11 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Senate President  State: KY District: 02  Full Name (Last, First, Middle Initial)  C. Levin For Congress  Mailing Address PO Box 37  City Roseville Purpose of Disbursement Contribution  Candidate Name Rep. Sandy M. Levin  Office Sought: House Senate President State: MI District: 09	State Zip Code MI 48066  rsement For: 2014  Primary General Other (specify)  Other (specify)	O11 Category/ Type	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 88 OF 102
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			
A. Roskam For Congress Committee			Date of Disbursement
Mailing Address P. O. Box 713			03 18 2014
City	State Zip Code		Transaction ID : 21637353
Wheaton	IL 60187		1141154041011112 . 21007000
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Peter Roskam	and Fam. 2011	Туре	2000.00
Senate President	nent For: 2014  Primary General  Other (specify)		Contribution
State: IL District: 06			
Full Name (Last, First, Middle Initial)			Data of Dishuraament
B. John Tierney For Congress			Date of Disbursement
Mailing Address 12 Hussey Avenue			03 18 2014
City S Danvers	State Zip Code MA 01923		Transaction ID : 21637354
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. John F. Tierney	Land Formation	Туре	1000.00
Senate	nent For: 2014  Primary General  Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
C. Committee To Re-Elect Henry Han	k Johnson		Date of Disbursement
Mailing Address 4153 Flat Shoals Parkway Suite 322, Building C, 2nd Floor			03 18 2014
City	State Zip Code GA 30034		Transaction ID : 21637356
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Feriod
Rep. Hank C. Johnson Jr.		Type	1000.00
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$\overline{\ }$	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAG	C				
<u>/</u>	Full Name (Last First Middle Isitely					
Α.	Full Name (Last, First, Middle Initial)  Braley for Iowa				Date of Disl	hursement
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	Mailing Address PO BOX 856				03	18 2014
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	City S DES MOINES	State IA	Zip Code 50304		Transactio	on ID : 21637358
	Purpose of Disbursement		30304			
	Contribution			011	Amount of E	Each Disbursement this Period
	Candidate Name			Category/		5000.00
	Bruce Braley			Туре		5000.00
	Office Sought: House Disburser  Senate	ment For:				
	President	Primary Other (spe	General		Contribution	
	State: IA District:	Othor (ope	(Sily) <b>\</b>			
	Full Name (Last, First, Middle Initial)					
В.	Kansans For Huelskamp				Date of Disl	bursement
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	Mailing Address PO Box 410				03	18 2014
	City	State	Zip Code		Tuanaaatii	ID - 04027200
	Fowler	KS	67844		Transactio	on ID : 21637360
	Purpose of Disbursement Contribution			011	Amount of [	Took Dishurasment this Davied
	Candidate Name			011	Amount of E	Each Disbursement this Period
	Rep. Tim Huelskamp			Category/ Type	L	500.00
		ment For:	2014	71		,
		Primary	General		Contribution	
	President	Other (spe	cify) 🔻			
	State: KS District: 01					
C	Full Name (Last, First, Middle Initial)				Date of Disl	bursement
٠.	Peterson For Congress				M M /	
	Mailing Address 26192 Floyd Lake Point Road				03	18 2014
		<u> </u>				
	,	State MN	Zip Code 56502		Transactio	on ID : 21637362
			00002			
	Purpose of Disbursement					
				011	Amount of E	Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name			Category/	Amount of E	
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson	mont For			Amount of E	Each Disbursement this Period
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson  Office Sought: House Disburser	ment For:		Category/		
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson	ment For: Primary Other (spe	General	Category/	Amount of E	
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson  Office Sought:  House Senate  Disburser	Primary	General	Category/		
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson  Office Sought:  House Senate President  Disburser	Primary	General	Category/		1500.00
S	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson  Office Sought:  House Senate President  Disburser	Primary Other (spe	General ▼	Category/ Type		
	Purpose of Disbursement Contribution  Candidate Name  Rep. Collin C. Peterson  Office Sought:  House Senate President  State: MN  District: 07	Primary Other (spe	General cify) ▼	Category/ Type		1500.00

SCHEDULE B (FEC Form 3X)		. FOR LINE I	NUMBER: PAGE 90 OF 102	_
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only		
	for each category of the Detailed Summary Page		22 🗶 23 24 25 26	
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Any information copied from such Reports and Stater				
or for commercial purposes, other than using the nan	ne and address of any poli	tical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
American Hospital Association PAG				
/				
Full Name (Last, First, Middle Initial)			5	
A. Jobs, Opportunity & Education, PA	C (JOEPAC)		Date of Disbursement	
Molling Address 04.54.Overal Average			M M / D D / Y Y Y Y	
Mailing Address 84-54 Grand Avenue			03 18 2014	
City	State Zip Code			_
Elmhurst	NY 11373		Transaction ID: 21637365	
Purpose of Disbursement				
2014 Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
Jobs, Opportunity & Education, PA	C (JOEPAC)	Type	500.00	
Office Sought: House Disburser	ment For:			
Senate	Primary General		2014 Contribution	
President	Other (specify) ▼			
State: District:				_
Full Name (Last, First, Middle Initial)			D (D) .	
B. Friends Of Sherrod Brown			Date of Disbursement	
Moiling Address DO Day 15000			03 18 2014	
Mailing Address PO Box 15293			03 18 2014	
City	State Zip Code			
City Sashington	State Zip Code DC 20003		Transaction ID : 21637369	
Washington Purpose of Disbursement			Transaction ID : 21637369	
Washington Purpose of Disbursement 2018 Contribution		011	Transaction ID: 21637369  Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution Candidate Name Sen. Sherrod Brown	DC 20003			
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought: House Disburser	DC 20003  ment For: 2018	Category/	Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House  Senate	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President  Disburser	DC 20003  ment For: 2018	Category/	Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House Senate President  State: OH  District:	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House Senate President  State: OH  District:  Full Name (Last, First, Middle Initial)	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period 1000.00 2018 Contribution	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House Senate President  State: OH  District:	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period 1000.00 2018 Contribution  Date of Disbursement	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House Senate President  State: OH  District:  Full Name (Last, First, Middle Initial)	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period 1000.00 2018 Contribution  Date of Disbursement	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought: House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496	nent For: 2018 Primary General	Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought: House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland	nent For: 2018 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement	
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Washington Purpose of Disbursement 2018 Contribution  Candidate Name  Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name	nent For: 2018 Primary General Other (specify)   State Zip Code	Category/ Type  011  Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought: House President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson	ment For: 2018 Primary General Other (specify)   State Zip Code OH 44514	Category/ Type	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Disburser	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014	Category/ Type  011  Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Senate  Disburser	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014 Primary General	Category/ Type  011  Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Senate President  Disburser  Senate President	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014	Category/ Type  011  Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Senate  Disburser	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014 Primary General	Category/ Type  011  Category/	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Senate President State: OH District: 06	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Washington Purpose of Disbursement 2018 Contribution  Candidate Name Sen. Sherrod Brown  Office Sought:  House Senate President State: OH District:  Full Name (Last, First, Middle Initial)  C. Johnson For Congress  Mailing Address PO Box 14496  City Poland Purpose of Disbursement Contribution  Candidate Name Rep. Bill Johnson  Office Sought:  House Senate President  Disburser  Senate President	nent For: 2018 Primary General Other (specify)   State Zip Code OH 44514  ment For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  1000.00  2018 Contribution  Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

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			Summary Page	21b 27		:6 :0b
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	for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC	)				
_	Full Name (Last, First, Middle Initial)			<u> </u>		_
Δ.	Charlie Dent For Congress				Date of Disbursement	
	Charlie Dent For Congress				M M / D D / Y Y Y Y	
	Mailing Address PO Box 442				03 24 2014	
	011.		7' 01-			
	City S Allentown	State PA	Zip Code 18105		Transaction ID: 21638229	
	Purpose of Disbursement		10103			
	Void of 01/14 Check			011	Amount of Each Disbursement this Period	
	Candidate Name			Category/	-2000.00	1
	Rep. Charlie W. Dent			Type	-2000.00	ı,
		nent For: Primary	2014 General			
		Other (spe			Void of 01/14 Check	
	State: PA District: 15	(0)	,, · ·			
	Full Name (Last, First, Middle Initial)					
В.	Heller For Senate				Date of Disbursement	
					M = M / D = D / Y = Y = Y	
	Mailing Address PO Box 371907				03 25 2014	
	City	State	Zip Code		Transaction ID 0404000	
	Las Vegas	NV	89137		Transaction ID: 21643086	
	Purpose of Disbursement 2018 Contribution			044	Amount of Fook Dichurance this Davied	
	Candidate Name			011	Amount of Each Disbursement this Period	
	Sen. Dean Heller			Category/ Type	1000.00	Н
			2018	1,700		
	Office Sought: House Disbursen	nent For:	2010			
		nent For: Primary	General		2018 Contribution	
	Senate President		General		2018 Contribution	
	Senate President State: NV District:	Primary	General		2018 Contribution	
_	State: NV District:  Full Name (Last, First, Middle Initial)	Primary	General			
<u> </u>	Senate President State: NV District:	Primary	General		Date of Disbursement	
<u> </u>	State: NV District:  Full Name (Last, First, Middle Initial)	Primary	General			
<u> </u>	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805	Primary Other (spe	General ecify) ▼		Date of Disbursement	
<b>C</b> .	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City	Primary Other (spe	General ecify) ▼  Zip Code		Date of Disbursement	_
<b>c</b> .	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City	Primary Other (spe	General ecify) ▼		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
с.	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Senate President President State: NV District:  Senate President Senate Senate President Senate Senate President Senate Senate President Senate Sena	Primary Other (spe	General ecify) ▼  Zip Code	011	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
c.	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Senate Purpose of Disbursement Contribution  Candidate Name	Primary Other (spe	General ecify) ▼  Zip Code	011 Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
<b>c</b> .	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Senate Purpose of Disbursement Contribution  Candidate Name  Rep. Matthew A. Cartwright	Primary Other (spe	General ecify) ▼  Zip Code 18705		Date of Disbursement  M M / 25 / 2014  Transaction ID: 21643088	]
C.	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Plains Purpose of Disbursement Contribution  Candidate Name  Rep. Matthew A. Cartwright  Office Sought: House Disbursement	Primary Other (spe	General ecify) ▼  Zip Code 18705	Category/	Date of Disbursement  M M J 25 2014  Transaction ID: 21643088  Amount of Each Disbursement this Period  2000.00	]
С.	State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Selains  Purpose of Disbursement Contribution  Candidate Name  Rep. Matthew A. Cartwright  Office Sought: House Senate Disbursement	Primary Other (spe	General ecify) ▼  Zip Code 18705	Category/	Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]
<b>C</b> .	State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Selains  Purpose of Disbursement Contribution  Candidate Name  Rep. Matthew A. Cartwright  Office Sought: House Senate Disbursement	Primary Other (spe	General ecify) ▼  Zip Code 18705	Category/	Date of Disbursement  M M J 25 2014  Transaction ID: 21643088  Amount of Each Disbursement this Period  2000.00	]
c.	State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Separate Purpose of Disbursement Contribution  Candidate Name Rep. Matthew A. Cartwright  Office Sought: House Separate President  NV District:  Senate President  Senate President	Primary Other (spe	General ecify) ▼  Zip Code 18705	Category/	Date of Disbursement  M	]
C.	State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Separate Purpose of Disbursement Contribution  Candidate Name Rep. Matthew A. Cartwright  Office Sought: House Separate President  NV District:  Senate President  Senate President	Other (specification)  State PA  nent For: Primary Other (specification)	General ecify) ▼  Zip Code 18705  2014  General ecify) ▼	Category/ Type	Date of Disbursement  M M J 25 2014  Transaction ID: 21643088  Amount of Each Disbursement this Period  2000.00	]
	Senate President  State: NV District:  Full Name (Last, First, Middle Initial)  Cartwright For Congress  Mailing Address PO Box 1805  City Senate Purpose of Disbursement Contribution  Candidate Name Rep. Matthew A. Cartwright  Office Sought: House Senate President State: PA District: 17	Other (specification)  State PA  ment For: Primary Other (specification)	General ecify) ▼  Zip Code 18705  2014  General ecify) ▼	Category/ Type	Date of Disbursement  M	]

SCHEDULE B (FEC Form $3X$ )			
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or for commercial purposes, other than using the	ne name and address of any politic	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association	PAC		
/			
Full Name (Last, First, Middle Initial)			D . (D)
A. Katherine Clark For Congress			Date of Disbursement
M 111 A L L			M M / D D / Y Y Y Y
Mailing Address PO Box 361			03 25 2014
City	State Zip Code		
Malden	MA 02148		Transaction ID: 21643095
Purpose of Disbursement	02140		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name			
Katherine Clark		Category/ Type	1000.00
	bursement For: 2014	1,750	, , , , , , , , , , , , , , , , , , , ,
Senate	➤ Primary General		Contribution
President	Other (specify)		Contribution
State: MA District: 00	(-  7/		
Full Name (Last, First, Middle Initial)			
B. Charlie Dent For Congress			Date of Disbursement
Chame Bent For Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 442			03 25 2014
0			
City	State Zip Code		Transaction ID : 21643165
Allentown	PA 18105		Transaction ID . 21043103
Purpose of Disbursement Contribution			
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Charlie W. Dent		Туре	200.00
	bursement For: 2014		
Senate	Primary General		Contribution
President State: PA District: 15	Other (specify)		
Full Name (Last, First, Middle Initial)			Data of Bishamanan
C. Friends Of Pete Gallego			Date of Disbursement
Mailian Adduses DOD 4704			03 25 2014
Mailing Address PO Box 1781			03 25 2014
City	State Zip Code		
San Antonio	TX 78296		Transaction ID: 21643166
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Pete Gallego		Type	1000.00
Office Sought: House Dis	bursement For: 2014		
Senate	Primary General		Contribution
President	Other (specify) ▼		
State: TX District: 23			
SUBTOTAL of Disbursements This Page (opti	onal)		4000.00

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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
Full Name (Last, First, Middle Initial)			
L. Democrats Win Seats PAC			Date of Disbursement
Mailing Address 1071 Turin Branch Lane			03 25 2014
,	State Zip Code		Transaction ID : 21643174
Weston Purpose of Disbursement	FL 33326		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Democrats Win Seats PAC  Office Sought: House Disburse	ment For:	Туре	2300.00
Senate President	ment For:  Primary General  Other (specify) ▼		2014 Contribution
State: District:			
Full Name (Last, First, Middle Initial)  Joe Garcia For Congress			Date of Disbursement
Mailing Address Post Office Box 0595 Suite 102			03 25 2014
Miami	State Zip Code FL 33196		Transaction ID: 21643175
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Mr. Joe Garcia  Office Sought:  House Disburse	ment For: 2014	Туре	7 7
	Primary General Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			Data of Dishursoment
Friends Of Dennis Ross			Date of Disbursement
Mailing Address 133 South Harbor Drive			03 25 2014
Venice	State Zip Code FL 34285		Transaction ID : 21643176
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Dennis A. Ross		Type	2000.00
Office Sought:    House   Disburse	ment For: 2014 Primary General Other (specify)		Contribution
~			7000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	7000.00
TOTAL This Period (last page this line number only	)		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 94 OF 102
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NAME OF COMMITTEE (In Full)			
American Hospital Association PA	C		
Full Name (Last, First, Middle Initial)			
A. Senate Victory Fund PAC			Date of Disbursement
Mailing Address PO Box 7274			03 25 2014
City	State Zip Code		Transaction ID 04040400
Tupelo	MS 38802		Transaction ID: 21643188
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Senate Victory Fund PAC		Type	5000.00
Office Sought: House Disburser  Senate President	nent For: Primary General Other (specify) ▼		2014 Contribution
State: District:	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
B. Tim Bishop For Congress			Date of Disbursement
Mailing Address PO Box 437			03 25 2014
Farmingville	State Zip Code NY 11738		Transaction ID : 21643189
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1750.00
Rep. Tim Bishop		Туре	1730.00
	nent For: 2014  Primary General  Other (specify)		Contribution
Full Name (Last, First, Middle Initial)			
C. Tim Bishop For Congress			Date of Disbursement
Mailing Address PO Box 437			03 25 2014
•	State Zip Code		Transaction ID : 21643190
Farmingville Purpose of Disbursement Contribution	NY 11738		
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Tim Bishop		Category/	250.00
•	ment For: 2014	Туре	9 9
Senate President  State: NY District: 01	Primary		Contribution
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 95 OF 102	_
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NAME OF COMMITTEE (In Full)				
American Hospital Association PA	C			
Full Name (Last, First, Middle Initial)				_
A. Walter Jones Committee			Date of Disbursement	
Mailing Address PO Box 3962			03 25 2014	
City	State Zip Code		Transaction ID : 21643191	_
Greenville	NC 27836		Transaction ID . 21043191	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	3000 00	
Rep. Walter B. Jones Jr.		Type	3000.00	
Office Sought:    House   Disburse	ement For: 2014 Primary General Other (specify)		Contribution	
State: NC District: 03	_			
Full Name (Last, First, Middle Initial)				
B. Charlie Dent For Congress			Date of Disbursement	
Mailing Address PO Box 442			03 25 2014	
City Allentown	State Zip Code PA 18105		Transaction ID: 21643193	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	2000.00	
Rep. Charlie W. Dent		Type	2000.00	
	ement For: 2014 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial)				_
C. Bob Goodlatte For Congress Com	mittee		Date of Disbursement	
Mailing Address P.O. Box 292			03 25 2014	
City Roanoke	State Zip Code VA 24002		Transaction ID: 21643195	_
Purpose of Disbursement Contribution	24002	- O.U.		
Candidate Name		011	Amount of Each Disbursement this Period	
Rep. Bob W. Goodlatte		Category/ Type	1000.00	
	ement For: 2014	Туре	7 7	
Senate President State: VA District: 06	Primary ☐ General Other (specify) ▼		Contribution	
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SUBTOTAL of Disbursements This Page (optional)		······ <b>&gt;</b>	6000.00	
TOTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 96 OF 102
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the national state of the			
NAME OF COMMITTEE (In Full)			
American Hospital Association PA	С		
Full Name (Last, First, Middle Initial)			
A. Friends Of Roy Blunt			Date of Disbursement
Mailing Address PO Box 10178			03 31 2014
City	State Zip Code		Transaction ID : 21671101
Columbia	MO 65205		Transaction ib . 2107 1101
Purpose of Disbursement 2016 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Sen. Roy Blunt		Туре	1000.00
Office Sought:  House  Senate  President  Disburse	ment For: 2016 Primary General Other (specify) ▼		2016 Contribution
State: MO District:			
Full Name (Last, First, Middle Initial)			
B. Denny Heck For Congress			Date of Disbursement
Mailing Address PO Box 235			03 31 2014
City Olympia	State Zip Code WA 98507		Transaction ID: 21671103
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Rep. Denny Heck		Type	2000.00
	ment For: 2014 Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial)			
C. Friends Of Dave Joyce			Date of Disbursement
Mailing Address 320 Kenarden Drive			03 31 2014
City Cleveland	State Zip Code OH 44143		Transaction ID : 21671105
Purpose of Disbursement Contribution	44143		
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Dave Joyce		Category/ Type	1000.00
	ment For: 2014	туре	
Senate President State: OH District: 14	Primary General Other (specify) ▼		Contribution
SUBTOTAL of Disbursements This Page (optional).		·····•	4000.00
TOTAL This Period (last page this line number only	)		

SCHEDULE B (FEC Form 3X)	Llan announte anhadula(a)	FOR LINE NUMBER: PAGE 97 O		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orliny	•	
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or us			
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
/ Full Name (Last, First, Middle Initial)				
A. New York Jobs PAC			Date of Disburseme	nt
" New Tolk Jobs FAC			M M / D D	/ Y Y Y Y Y
Mailing Address P.O. Box 708			03 31	2014
011	7'- O- I-			
,	itate Zip Code NY 11747		Transaction ID: 2	1674518
Purpose of Disbursement	11747			
2014 Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		2500.00
New York Jobs PAC		Туре		2300.00
Office Sought: House Disburser Senate	nent For:  Primary General			
	Other (specify)		2014 Contribution	
State: District:	(op) •			
Full Name (Last, First, Middle Initial)				
B. Nolan For Congress Volunteer Con	nmittee		Date of Disburseme	nt
Matter Address Bar			M = M / D = D	/
Mailing Address PO Box 252 40138 Sawmill Rd			03 31	2014
	tate Zip Code		Transation ID : 0	4074540
<del></del>	MN 56447		Transaction ID: 2	1074519
Purpose of Disbursement Contribution		011	Amount of Each Dia	bursement this Period
Candidate Name			Amount of Lacif Dis	bursement this Fellou
Rep. Richard Michael Nolan		Category/ Type		2000.00
•	ent For: 2014			
	Primary General		Contribution	
	Other (specify) ▼			
State: MN District: 08  Full Name (Last, First, Middle Initial)				
C. Cory Booker For Senate			Date of Disburseme	nt
Oury Booker For Genate			M M / D D	/ <b>Y                                   </b>
Mailing Address PO Box 32237			03 31	2014
C:4.	toto Zin Codo			
•	itate Zip Code NJ 07102		Transaction ID: 2	1674524
Purpose of Disbursement				
Contribution		011	Amount of Each Dis	bursement this Period
Candidate Name		Category/		1000.00
Cory Booker  Office Sought: House Disbursem	nent For: 2014	Туре		7
	Primary General		Contribution	
President	Other (specify) ▼		Contribution	
State: NJ District:				
				5500.00
SUBTOTAL of Disbursements This Page (optional)		·····•		5500.00
TOTAL This Period (last page this line number only).				

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 98 OF 102
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAG			
Full Name (Last, First, Middle Initial)			
A. Friends Of Susan Brooks			Date of Disbursement
Mailing Address 9425 N Meridian Street # 237	7: 0 1		03 31 2014
City S Indianapolis	State Zip Code IN 46260		Transaction ID: 21674551
Purpose of Disbursement	40200		
Void of 01/14 Check		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Susan Brooks		Type	-1000.00
Senate President	nent For: 2014  Primary General  Other (specify)		Void of 01/14 Check
State: IN District: 05			
Full Name (Last, First, Middle Initial)  B. Neil Riser Campaign Inc			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 1376			03 31 2014
City West Monroe	State Zip Code LA 71294		Transaction ID : 21674552
Purpose of Disbursement Void of 10/13 Check		011	Amount of Each Disbursement this Period
Candidate Name			
Hartwell Riser Jr		Category/ Type	-1000.00
Senate	nent For: 2013  Primary General  Other (specify)  Runoff2013		Void of 10/13 Check
Full Name (Last, First, Middle Initial)  C. Victory Now!			Date of Disbursement
VICIOLY INOW:			M M / D D / Y Y Y Y
Mailing Address 10605 Concord Street Suite 202			03 31 2014
Kensington	State Zip Code MD 20895		Transaction ID : 21674553
Purpose of Disbursement Void of 12/13 Check		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Victory Now!		Type	-1000.00
Office Sought: House Disburser Senate President	nent For:  Primary General  Other (specify)		Void of 12/13 Check
State: District:			
SUBTOTAL of Disbursements This Page (optional)			-3000.00
TOTAL This Period (last page this line number only)			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. MURPHPAC  Mailing Address PO Box 127  City  Cheshire  Purpose of Disbursement  Void of 12/13 Check  Candidate Name  MURPHPAC  Office Sought:  House  Senate  President  State:  District:  Full Name (Last, First, Middle Initial)  Other (specify)  Full Name (Last, First, Middle Initial)  Amount of Each Disbursement this Period  Void of 12/13 Check  Void of 12/13 Check  Full Name (Last, First, Middle Initial)  Other (specify)  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)	Llea caparata achadula(a)	FOR LINE		PAGE 99 OF 102
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions solicity committees of any political committees to solicit contributions from such committees of any political committees to solicit contributions from such committees of any political committees to solicit contributions from such committees.  NAME OF COMMITTEE (In Full)  American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. MURPHPAC  Mailing Address PD Box 127  City State Zip Code Chesterie CT 00410  Purpose of Disbursement Void of 12/13 Check  Cardidate Name  MURPHPAC  Office Sought: State Disbursement For: Other (specify) Purpose of Disbursement United States Propose of Disbursemen	ITEMIZED DISBURSEMENTS		· ·	,	
Amount of Each Disbursement  Cardegory/ Type  Mailing Address PO Box 6545  City  City  State Prosident Prosident State: CA  City  State CA  State		Detailed Summary Page			
NAME OF COMMITTEE (in Full) American Hospital Association PAC Full Name (Last, First, Middle Initial)  A. MURPHPAC  Mailing Address PO Box 127  City State Zip Code CT 06410 Purpose of Disbursement Void of 12/13 Check  Candidate Name MURPHPAC  Mailing Address Office Sought: Senate Primary General Void of 12/13 Check  City State Zip Code CA 93290 Purpose of Disbursement Void of 12/14 Check  Candidate Name Can					
American Hospital Association PAC  Full Name (Last, First, Middle Initial)  A. MURPHPAC  Mailing Address PO Box 127  City Cheshire CT 06410  Purpose of Disbursement Void of 1273 Check Candidate Name MURPHPAC  Office Sought: Persident State: Chy State City City State City City State City City City City City City City City	\	e and address of any politic	cal committee to	solicit contributions	from such committee.
Full Name (Last, First, Middle Initial)  A. MURPHPAC  Mailing Address PO Box 127  City Cheshire CT 08410  Cheshire CT 08410  Transaction ID : 21674554  Amount of Each Disbursement this Period Category' Type  Transaction ID : 21674554  Amount of Each Disbursement this Period Category' Type  Transaction ID : 21674554  Amount of Each Disbursement this Period Category' Type  Void of 12/13 Check  Transaction ID : 21674555  Amount of Each Disbursement this Period  Category' Type  Office Sought: House President  State: CA District: 22  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category' Type  Office Sought: House President  Candidate Name  Category' Type  Office Sought: House President  Candidate Name  Category' Type  Office Sought: House President  State: Check Disbursement this Period  Category' Type  Office Sought: House President  State: District: 22  Date of Disbursement this Period  Category' Type  Office Sought: House President  State: District: 24  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Category' Type  Office Sought: House President  Date of Disbursement this Period  Category' Type  Office Sought: House President  Date of Disbursement this Period  Category' Type  Office Sought: House President  Date of Disbursement this Period  Category' Type  Office Sought: House President  Date of Disbursement this Period  Category' Type  Transaction ID : 21674555  Amount of Each Disbur	,	_			
A MURPHPAC  Mailing Address PO Box 127  City Cheshire CT 06410  Purpose of Disbursement Void of 12/13 Check Candidate Name MURPHPAC  Office Sought: Full Name (Last, First, Middle Initial) B. Devin Nunes Campaign Committee  Mailing Address Category/ Visalia CA S3290  Purpose of Disbursement this Period  Category/ Visalia CA S3290  Purpose of Disbursement Void of 02/14 Check  Candidate Name Rep. Devin G. Nunes  Category/ Transaction ID: 21674554  Amount of Each Disbursement this Period  Amount of Each Disbursement  Void of 12/13 Check  Transaction ID: 21674555  Amount of Each Disbursement  Void of 12/14 Check  Category/ Type  Void of 02/14 Check	American Hospital Association PAC	j			
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Adalling Address PO Box 127  City State Zip Code CT 06410  Purpose of Disbursement Void of 12/13 Check  Candidate Name  MURPHPAC  Office Sought: House Primary General Void of 12/13 Check  City State Zip Code CA 93290  Purpose of Disbursement Void of 12/13 Check  City State Zip Code CA 93290  Purpose of Disbursement Void of 12/14 Check  Candidate Name  Rep. Devin G. Nunes  Clandidate Name  Rep. Devin G. Nunes  City Senate Primary General Void of 12/14 Check  State: District: 22  Full Name (Last, First, Middle Initial)  State: CA District: 22  Full Name (Last, First, Middle Initial)  Candidate Name  Rep. Devin G. Nunes  Clandidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ Type  Office Sought: Yes Initial Void of 02/14 Check  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: President  Candidate Name  Category/ Type  Ca	A. MURPHPAC			Date of Disbursen	nent
City Cheshrie CT 06410  Purpose of Disbursement Void of 02/14 Check  Candidate Name  MuRPHPAC  Office Sought:	Mailing Address PO Box 127				
Cheshive CT 06410  Purpose of Disbursement Void of 12/13 Check  Candidate Name MURPHPAC  Office Sought:					
Purpose of Disbursement Void of 12/13 Check  Candidate Name MURPHPAC  Office Sought:	-			Transaction ID :	21674554
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MURPHPAC  Office Sought:			011	Amount of Each D	Disbursement this Period
Office Sought: House Office Sought: House President State: District: Senate President State: District: Other (specify) ▼			Category/		-1000.00
Senate President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B. Devin Nunes Campaign Committee  Mailing Address PO Box 6545  City State Zip Code CA 93290  Purpose of Disbursement Vold of 02/14 Check  Candidate Name Rep. Devin G. Nunes  Office Sought: House President State Zip Code  Purpose of Disbursement For: 2014  Senate President State Zip Code  Category/ Type  Other (specify)  Amount of Each Disbursement this Period  Category/ Type  Other (specify)   Other (specify)   Amount of Each Disbursement this Period  Date of Disbursement this Period  Amount of Each Disbursement this Period  Category/ Type  Office Sought: House Senate President State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Primary General President State: District: 20 Disbursement For: Senate President Other (specify)  Category/ Type  Office Sought: House Senate Primary General Primary General President State: District: District: Other (specify)   Subtotal of Disbursements This Page (optional)		ant Fam			-1000.00
State: District: Other (specify)  Full Name (Last, First, Middle Initial)  B. Devin Nunes Campaign Committee  Mailing Address PO Box 6545  City State Zip Code CA 93290  Purpose of Disbursement Void of 02/14 Check  Candidate Name Rep. Devin G. Nunes  Office Sought: House Senate President State: CA District: 22  Full Name (Last, First, Middle Initial)  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2014  Category/ Type  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Disbursement For: 2014  Category/ Type  Category/ Type  Date of Disbursement Inis Period  Amount of Each Disbursement  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Senate President State: District: Qeneral Primary General President State: District: Qeneral President State: Q				V-1-1-1-1-10/40 Ob	I.
State: District:  Full Name (Last, First, Middle Initial)  B. Devin Nunes Campaign Committee  Mailing Address PO Box 6545  City State Zip Code CA 93290  Purpose of Disbursement Void of 02/14 Check  Candidate Name Rep. Devin G. Nunes  Office Sought: House Senate President State: CA District: 22  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Other (specify)   Categor				void of 12/13 Ched	;K
B. Devin Nunes Campaign Committee  Mailing Address PO Box 6545  City State Zip Code CA 93290  Purpose of Disbursement Void of 02/14 Check  Candidate Name Rep. Devin G. Nunes  Office Sought: House Senate President Candidate Name  Disbursement For: 2014  Primary General Other (specify) ▼  Date of Disbursement  Category/ Type  Void of 02/14 Check  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Category/ Type  Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Category/ Type  Office Sought: House Disbursement For: Other (specify) ▼  State: District: Primary General Other (specify) ▼  Substotal of Disbursement This Page (optional)		· · · · · · · · · · · · · · · · · · ·			
Mailing Address PO Box 6545  City State Zip Code CA 93290  Purpose of Disbursement Void of 02/14 Check  Candidate Name  President State: CA District: 22  Full Name (Last, First, Middle Initial)  Candidate Name  City State Zip Code  Purpose of Disbursement For: 2014  State Zip Code  Purpose of Disbursement For: 2014  State Zip Code  Purpose of Disbursement For: 2014  Candidate Name  Candidate Name  Candidate Name  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Candidate Name  Category/  Type  Office Sought: House Primary General  Candidate Name  Category/  Type  Office Sought: House Primary General  Candidate Name  Category/  Type  Office Sought: House Primary General  Other (specify) ▼  State: Disbursement For: Primary General  Other (specify) ▼  Substotal of Disbursement This Page (optional)	_				
City	B. Devin Nunes Campaign Committee	9			
City Visalia CA 2jp Code Visalia CA 2jp Code Visalia CA 2jp Code Purpose of Disbursement Void of 02/14 Check Candidate Name Rep. Devin G. Nunes Office Sought:	Mailing Address PO Rox 6545				
Visalia				,-	
Purpose of Disbursement Void of 02/14 Check  Candidate Name  Rep. Devin G. Nunes  Office Sought:				Transaction ID :	21674555
Void of 02/14 Check Candidate Name Rep. Devin G. Nunes  Office Sought:		GA 93290			
Rep. Devin G. Nunes  Office Sought: House Senate President State: CA District: 22  Full Name (Last, First, Middle Initial)  C.  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: District: 25  Office Sought: House Senate Primary General Other (specify) Type  Office Sought: House Senate Primary General Other (specify) Type  Office Sought: House Senate Primary General Other (specify) Type  State: District: Substrict: Primary General Other (specify) Type  Substrict: District: Substrict: Primary General Other (specify) Type  Office Sought: House Senate Primary General Other (specify) Type  Substrict: District: Primary General Other (specify) Type  -2000.00			011	Amount of Each D	Disbursement this Period
Office Sought:			Category/		-1000.00
Senate President Other (specify)   Full Name (Last, First, Middle Initial)  C.  Full Name (Last, First, Middle Initial)  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Primary General Other (specify)   Senate Primary General Other (specify)   State: District:   Substitute:		ant Fam. 2011	Туре		1000.00
State: CA District: 22  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Primary General President State: District:  State: District: 22  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Other (specify)   State: District: 22  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Other (specify)   State: District: 22  Date of Disbursement  Amount of Each Disbursement this Period  Category/ Type  Other (specify)   State: District: 2000.00				Void of 02/14 Choo	ale.
State: CA District: 22  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)				Void of 02/14 Chec	CK .
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  SUBTOTAL of Disbursements This Page (optional)					
Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtotal of Disbursements This Page (optional)	, , , , , , , , , , , , , , , , , , , ,				
City State Zip Code  Purpose of Disbursement  Candidate Name  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	C.				
City State Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substitute (approximate) State (approximate) Stat	Mailing Address			M M / D C	/
Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President Other (specify) ▼  Subtotal of Disbursements This Page (optional)					
Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substruct: District: Amount of Each Disbursement this Period  Category/ Type  Amount of Each Disbursement this Period	City	State Zip Code			
Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Substotal of Disbursements This Page (optional)	Purpose of Disbursement				
Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  Substruct: -2000.00		Amount of Each D	Disbursement this Period		
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Candidate Name				
Senate Primary General President Other (specify) ▼  State: District:  SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disburger	aont For:	Туре		
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State: District:  SUBTOTAL of Disbursements This Page (optional)		, I I			
30BTOTAL OF DISDUISEMENTS THIS Page (Optional)	State: District:				
30BTOTAL OF DISDUISEMENTS THIS Page (Optional)					2000.00
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)		·····•		-2000.00
	TOTAL This Period (last name this line number only)				131000.00

Check if

NAME OF COMMITTEE (In Full)

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITU

ge# 14940752995		
HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITURES		PAGE 100 OF 102 FOR LINE 24 OF FORM 3X
1E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
nerican Hospital Association PAC		C C00106146
ck if 24-hour report 48-hour report New rep	port Amends report	t filed on
Full Name of Payee Public Opinion Strategies		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 214 North Fayette Street		Amount
City State	Zip Code	18000.00
Alexandria VA	22314	Transaction ID : 21643251  Date of Disbursement or Obligation
Purpose of Expenditure Polling	Category/ Type 005	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support	Office Sought: X House District: 02
Rep. Mike K. Simpson	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmount Avenue Suite 306		Amount
City State	Zip Code	88900.00
Towson MD	21286	Transaction ID : 21643360  Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising	Category/ Type 004	03 25 2014
Name of Federal Candidate	X Support	Office Sought:
Rep. Mike K. Simpson	Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	127500.00	Disbursement For:
a) SUBTOTAL of Itemized Independent Expenditures		106900.00
b) SUBTOTAL of Unitemized Independent Expenditures		
,, 222.2.1.2 or ornamized independent Expenditures imminimum		

Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any c party committee) any political party committee or its agent.

Ms. Melinda Hatton	[Electronically Filed]	Date	04 /	17	/	2014
Signature						

### SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE	10	1	OF	-	102	
FOR	LINE	24	OF	FOF	RM 3X	

	TOTT LINE 24 OF TOTHW 3X			
NAME OF COMMITTEE (In Full)  A marriage A Logarital Association DAC				
American Hospital Association PAC	C C00106146			
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dad / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mentzer Media Services, Inc.	03 31 2014			
Mailing Address 600 Fairmount Avenue	Amount			
Suite 306				
City State Zip Code	20600.00			
Towson MD 21286	Transaction ID: 21671006  Date of Disbursement or Obligation			
Purpose of Expenditure Radio Advertising  Category/ Type  004	03 / 25 / Y Y Y Y Y Y			
Name of Federal Candidate Support Office	e Sought: X House District:02			
Rep. Mike K. Simpson Oppose	President Senate State: ID			
Calendar Year-To-Date Per Election for Office Sought  Disbution 127500.00  Disbution 127500.00				
To Elocation to Congress	U Other (specify) ►			
Full Name of Payee McCarthy Hennings Whalen, Inc.	Date of Public Distribution/Dissemination  03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1850 M Street, NW	Amount			
Suite 235	0770 00			
City State Zip Code Washington DC 20036	8728.26 Transaction ID : 21643255			
Purpose of Expenditure	Date of Disbursement or Obligation			
Television Production  Category/ Type  O04	03 31 2014			
Name of Federal Candidate Support Offic	e Sought: X House District: 02			
Rep. Mike K. Simpson Oppose	President Senate State: ID			
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	29328.26			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•			
Ms. Melinda Hatton [Electronically Filed]	04 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature Date	التنا التنا			